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Original Articles.

OBSERVATIONS ON SMALL-POX.

BY BEN H. BRODNAX, M. D., Brodnax, La.

My personal knowledge of small-pox is very limited being of only two epidemics, one occurring in Augusta, Georgia about the close of the war, when it swept the negro population off like a broom; and another, a light one, occurring in my vicinity in 1878. At that time none of the new ideas relative to diseases and causes were in vogue. But the death rate was about the same as it is now. I lost none of the four cases that came under my charge, all that were taken sick in my neighborhood.

I view the disease as similar to measles, having its origin in the blood, making its first appearance inside the body, and like the measles making its appearance outside on the skin by a peculiar eruption. The intense fever inside and the irritation caused by the cutaneous symptoms, I believe to be the cause of death. If these could be modified, or partially relieved, I believe there would be very few, if any, deaths. An antiphlogistic treatment internally, and a lulling of the intense pain and itching outside, on the skin, should cure all of them. Judging from my experience with a powder composed of equal parts of boracic acid and acetanilid I believe the latter can be prevented, *i. e.*, the skin trouble. I had a case of small pustular eruption on the lower abdomen, genital organs, inside the thighs and buttocks in a woman of 61 years. There must have been 200 or more of them, from an eighth to half inch in diameter and filled with pus. One application emptied them entirely and after changing off with warm water a second dusting dried them up. The lady told me that the effect on the skin was to relieve all pain and itching, and she slept soundly for the first time in ten days and nights. The

powder seems to have an affinity for pus, cleaning out the sore to the bottom, and preventing any further formation, the sores healing readily.

Now we know that much of the misery, of a case of small-pox, is the sticking of the dressings to the patient, the disagreeable smell and the pain. Oil cannot be depended upon, but a dry powder which is cheap (costing about fifty cents per pound) which can be used in any quantity, which will anesthetize the skin, clean out the sores and deodorize them, should be valuable. So far as my experience during the last three years is concerned it fully meets every requirement of external treatment of small-pox. In olden times calamine was used with oil to prevent pitting on the face and neck, but it possessed no curative properties and was costly. This powder is cheap—a fine deodorizer, a disinfectant, a cleaner out of the sores, an anesthetic to the part, and harmless even when used in large quantities on large suppurating surfaces. In the case I mention there is not left a single scar to mark where the deep suppuration was, and I believe it would be the means of reducing a large part of the suffering and restlessness caused by the fever, thereby giving rest and quiet to the sufferer, at the same time a better chance for internal treatment to do its work. I believe also that it will prevent the deep pitting of the sores.

Also by disinfecting the sores and skin the spread of the disease, by infection, will be also prevented. I would be glad if a thorough test could be made of the powder, on a case of small-pox, to see if it will not do its perfect work there, as it has done it in every other case in which it has been tried by me.

PRACTICAL HINTS IN GYNECOLOGY.

By Amanda Shelton, M. D., Bloomfield, Iowa.

Read before the Davis Co. Iowa Medical Society, Feb. 22d, '95

It will of course, be impossible for me to go over in detail the different affections of the diseases of women. I can only hope to refer to a few, and those, the most commonly met with in practice.

The fact really is that about everything that is known has been

published, and new accessions to our literature are constantly being made in the way of new discoveries. The industrious reader, the close observer, the man of little details, is the man who succeeds in any line of business, while the one who is hunting for large game, and for glittering generalities is usually the one who meets with many disappointments. There is one general broad principle which appears everywhere in surgery, and which finds no exceptions. I mean the general principle of cleanliness.

It has been my lot to be placed in a position for the last ten years in immediate contact both in this city and Chicago with the gynecological surgeon; serving as nurse and assistant. I fully realize that a large portion of that work is surgical. All the major means for the relief of the greatest disorders require surgical attainments of the highest order.

It is in this part of our field as in general surgery, the greatest revolution has been made since we have come to understand the true substance and importance of cleanliness.

To make a scientifically correct diagnosis of endometritis of the body of the uterus as a primary, organic lesion, without a curette, and in the absence of a straight history of infection, is as difficult as to diagnose the average case of hydrosalpinx.

Whether the uterine discharge in a given case is due to an inflammatory action of the cervix only, or to a general endometritis, and again whether the primary or initial cause is the trouble situated in the uterus, or consists in a derangement on the outside in the pelvic circulation, or in the abdominal nervous influence, from disease of one or both ovaries. These are in a majority of instances as perplexing questions to diagnose, as the average fibroid tumor. Now to say whether a present plain laceration of the cervix has any causal relation to changes in the body, to fundus of the uterus or to its position in the pelvis, and to the well known distant reflex disturbances, or whether the laceration is entirely innocent, requires a greater gynecologist than to diagnose an ovarian cyst.

The finding of an anatomical reason, or other real and removable cause in most cases for unfortunate persons who dwell under the name hysteria, to which many general practitioners, and

general surgeons of good standing find it necessary to give over many of their patients, requires attainments not usually found in general medicine or surgery. I believe the members of this society will agree with me, that many practitioners and surgeons sieve their patients of this class through a coarse sieve, and unless the unfortunates have very marked local injuries, striking displacements, or large inflammatory swellings, they fall through the sieve and are invited to continue patiently with the routine of alteratives, tonics and remedies that they have already been induced to take at the hands of a number of respectable doctors, for many months or even years, and that, too often, at the expense of their stomachs, along with their pains and bad health undiminished. Now after all this we cry hysteria, and put the unfortunates into prison by saying that nothing can be done for them. In order to be really successful in this branch of medicine with the many obscure cases that constantly appear, I have found it first necessary that we be good general doctors, and perfectly familiar with the pathology and clinical history as gained by experience, and not merely from books.

I will say that in regard to all the disorders that occur in the brain, spinal cord, the organic special senses, heart, lungs, liver, kidneys, stomach, and intestines, we need to know all our brother in the domain of general medicine can tell us, if we do not, we will not be able to distinguish the differences presented by organic diseases of an organ situated in the upper part of the body, from a similar one presented by purely reflex symptoms occurring in the same locality without any organic disease there.

It is necessary to unlearn much of that portion of pathology that is more than ten or twelve years old, and to have digested well that new edition of the same, which has appeared little at a time within the last decade.

Books and lectures cannot make an artist, nor can they give a practical knowledge of even the most ordinary things of gynecology.

It is also very necessary that we develop brains in the digital technique, and in the various bi-manual palpations, so that intellect will take possession of our fingers and displace in them as far as possible, the requirements of mere brute force.

Now I assure you that this usually requires years of attentive work, careful and frequent examining of a large number of women. I will illustrate this by giving a case that was brought under observation recently in this city. The subject was operated on last May. Two large fibro cysts, one of either ovary were removed. She made an uninterrupted recovery. Came to the county fair and was gaining rapidly. About three weeks later she began to complain of a severe pain in the right side, covering an area including the region of the right ovary, and McBurnies point. An examination was made, she was extremely sensitive to pressure, with an evening temperature of 101½.°

She was examined every morning with the same results. How were we to distinguish this soreness, this pain, this temperature? Was it a pedicle abscessing, or was it an appendicitis? We came to the conclusion that it was an appendicitis. On opening the abdomen in the presence of a number of medical gentlemen, and finding the cecum red and injected, and the appendix taut, it was removed, and found to contain a small seed with an enterolith. This is only one among many cases that present themselves to the gynecologist.

A normal uterus in a normal position, or one that is displaced, one in a state of chronic inflammation, or one that is pregnant, must be frequently felt to be known. But this practice by one unfamiliar with these things, has often amounted to malpractice, or at least much greater harm to women than good, unless it is limited and directed by an intelligent teacher, in the service as assistant in a public institution for that purpose.

I now call your attention to the fact that the diagnostic efforts in any other department of medicine or surgery admit of the use of a greater number of our special senses, as seeing, pressure, hearing and generally smelling. We do not find this so in examining a woman's pelvis. Here we are confined to a sense of touch, here we use our digit with brains in it, for if we rely on the speculum the refuge of the inexperienced, it leads astray more frequently than in the right direction.

So we find the gynecologist must read by touch, must have eyes in his fingers, especially in the index finger. This accomplishment is only gained as before stated by years devoted to

this practice. Here is the chief and fundamental error in the treatment of the diseases of women, that minor gynecology requires but little knowledge, and can be gained without special training, study or skill.

This is one of the greatest mistakes, for the untrained are certainly more apt to misuse and to destroy.

Many men, and women too, let loose their infected battery of appliances upon poor confiding and helpless women, influenced by the mistaken idea that the value and thoroughness of an examination depends upon, or is proportionate to the number of instruments used, and with perfect confidence that a little carbolic acid, in a little water just out of the well, and that just a little warm, insures, justifies everything, their dirty hands, filthy finger nails and foul instruments. Those whose duties lie almost exclusively in this department, are familiar with scientific facts (I do not mean theories) and appreciate the lingering prevalence in minor gynecology of such evils as we have alluded to, and the harm they do.

We would be a traitor to our cause were we not to speak a word of warning. I hope you will pardon me if some of my expressions seem severe.

It will not do for us to sight authors as good teachers, of longer than ten years ago, for those good men lived in an old dispensation, when things were dark, but we have received a new revelation in surgery, as well as gynecology. Light has poured in upon us regarding abdominal surgery, and we must not stand in this light and keep our eyes shut against it, and blame our good old authors for our mistakes and blundering errors, if we do, it is a question whether our minds are not as weak as those of our patients whom we contemptuously call hysterical, and whom we do not help frequently because we do not know how. There are some physicians who do not know, nor do not want to know anything about the sympathetic nerves, talk to them of the pelvic and abdominal brain, it is Greek, and they seem to be surprised, and do not appreciate that these curious threads and ganglia are playing so important a part over other portions of the body far removed from the pelvis. There is much of fact

here, we must know without any possibility of being mistaken, the many reflex phenomena, if we would be successful with the diseases of women. On the other hand when the pelvic source of the general derangement is recognized, and proceeded against the general and local examination and diagnosis is so often so contemptibly superficial, that only a treatment of symptoms, local and general, follows, and at best only infinitesmal results are obtained.

What more than humbug does he or she dispense who invites a woman to come for local treatment occasionally for ulceration of the womb when such adenoid degeneration of the mucus membrane depends upon a vicarious laceration of the cervix, or upon the constant presence of an abnormal uterine discharge? What more than treat symptoms do those short sighted people do, who stuff or inject the interior of the uterus with astringents without dilatation, and without having investigated whether the endometrium is not subject to other primary or more occult disorders, of a systematic character, in the pelvis outside of the uterus? Now is not all this reckless tinkering?

What shall we say of him who will play a pure game of chance upon the vital organs of a woman, trying various pessaries, all manner of caustics, and experimenting with senseless interuterine manipulations and instruments, like a child playing with fire?

That such superficial understanding and carelessness in matters pertaining to minor sexual disorders of women largely exists, and that the routine is frequent by men who are unable to discern correct indications, is proven by many witnesses.

Again in many instances of inflammatory disease in the female pelvis the mischief can be traced to maneuvering with the aid of instrument which the physician resorts to in examining and treating women with unimportant forms of uterine disease. A careful study of the clinical history of many cases of ovarian and tubular disease connected with peritonitis will convince any impartial observer that these diseases often result directly from minor operations upon the uterus, in which unclean instruments

have been used, and mischievous manipulations had previously occurred, the truth of which could be well illustrated from records made of such cases.

Thus the woman who stands upon a narrow margin as it were, between recovery with proper treatment, or conservative measures, on one side, and the domain of the abdominal surgeon on the other, receive ignorantly or carelessly, an impetus in the wrong direction which places her in continual suffering, from which no woman escapes without an abdominal section.

When I first went into the hospital I noticed quite a number of good practitioners who were invited to examine a woman when they first came in, and the impression made upon me by their manipulations was that they thought gynecology was to be studied from a standpoint taken in the vagina; that to see was to make the diagnosis, rather than by the touch, and that the perineum, cervix, and the uterine canal are all that are in a woman's pelvis, and disclose in themselves the very depth of pelvic pathology.

That there is little need of finding anything out from above is a great error, for the greater number of organs concerned, and by far the most important ones in the diseases of women are found by bi-manual examination. Here we find the lymphatics, the ovaries and tubes, and the organs that are placed on the very threshold of the peritoneum. These organs are all above the vagina, and beyond inspection in the abdomen. These structures and their numerous departures from health, palpation alone can aid us in the diagnosis.

I have endeavored in this paper to set forth the causes of so many failures in the treatment of the diseases of women I am also well aware that the largest proportion of the diseases of women are purely surgical, and for that reason we should be sufficiently skillful to determine and to separate those of a minor nature, from the purely surgical cases, and that we should be able to skillfully examine any case presented to us under the present light of science.

PUERPERAL SEPTICÆMIA.

By W. S. Samson, M. D., Flat, Ohio.

Hipocrates attributed the cause of the disease to the suppression of the lochia—a view that found followers in the last century.

Puzos adhered to the theory that puerperal fever was due to a metastasis of the milk.

English writers believed that puerperal fever had its origin in billious and mucous substances accumulating in the bowels.

Many great authors, among them Schuk, and Trousseau, were of the opinion that the so-called puerperal fever was not one disease, but many different diseases—that puerperal women were more liable to disease than others, but that their diseases were modified in a peculiar way by the puerperal state.

These authors already denied that puerperal fever had anything characteristic, and said that exactly the same combination of pathological conditions was found in pregnant women, in virgins, in new born children, and in men, a fact that now-a-days is admitted by nearly all modern teachers.

Czerminske says: In all cases of puerperal infection whether mild or severe the streptococcus is the organism that does the mischief.

Pasteur believes that the innocous micrococci that live in the vagina become dangerous if they are developed in a great number and occupy the deep parts. They consume the oxygen found in pus, and thus clear the way for another class of germs which cause infection. He says therefore, where there is an abundance of microbes there is danger.

It is a commoner belief now-a-days that puerperal fever is identified with septicæmia and pyæmia occurring as complications of wounds, and the idea prevails that all inflammatory disturbances in child-bed are caused by infection. Eisenmann, in 1837, advanced this opinion, and it was advocated by J. Y. Simpson in 1850. Since then so many corroborative cases have been published that the identity between puerperal fever and

septicæmia in the wounded may be looked upon as a proven fact.

It is my opinion that puerperal fever is nothing but the most serious cases of puerperal infection—a disease due to a poison coming from without, and probably produced by the introduction of certain microbes, viz: The streptococcus pyogenes and forms of staphylococci. The streptococcus is the germ most frequently found. With few exceptions this disease takes its origin in wounds in the genital canal. Some authors claim that the disease may be contracted through the respiratory tract.

Tait and Grigg say that many cases of so-called puerperal fever are due to the rupture of pathogenic cysts at parturition. The mechanical violence of labor simply breaks the existing cysts which were formed during gestation. No doubt most of these pathogenic cysts that form during gestation are of gonorrhoeal infection occurring at the same time and the cysts grow with gestation.

The pathogenic cysts are safely circumscribed until the violent uterine efforts of expulsion exacerbate anew the inflammation of old cysts. The peritoneum is unable at short command to produce an inflammation sufficient to circumscribe the infection with an exudate.

At Queen Charlotte's Lying-in-Hospital 548 deliveries occurred. Five mothers died. Four were post-mortemed, and every one of the four was found to have died from rupture of the pathogenic cysts of the tubes and ovaries. These four cases were set down as puerperal fever. The fifth was not post-mortemed. Dr. Grigg reports two more cases which died from rupture of pathogenic cysts. Lloyd reports a case of a young woman who died six weeks after labor, and the autopsy proved that a pathogenic cyst of the Fallopian tube had ruptured, at labor. Dr. Alison, of Cook County Hospital, Chicago, reports over 1,800 consecutive labors without death, but suddenly two women die within a short time. An autopsy reveals in both cases suppurative peritonitis from rupture of pathogenic cyst in the Fallopian tube during labor. One woman died in five and the other in six days after labor.

Predisposing Causes:—During pregnancy there are certain

blood changes, such as general plethora; this increases the number of leucocytes, and this surplus of fibrin can hardly fail to predispose to inflammatory diseases. The left ventricle is hypertrophied; the nervous system is irritable during pregnancy which give rise to predisposing factors. After birth of the child the uterine sinuses are closed by formation of thrombi, a physiological process that either may be defective or carried too far, causing dangerous or deadly hemorrhage, or thrombosis in the veins of the pelvis or lower extremities. A large amount of tissue has to undergo fatty degeneration, be absorbed and expelled. Before the birth of the child there is a strong current in the direction of the uterus—after expulsion the current goes inward. Waste material must be liquified and carried to the natural emunctories. Primipara are more exposed than multipara, because labor lasts longer, and the soft parts are more resistant. In the overwhelming majority of cases the infection takes place through wounds in the genital tract. Most writers admit even only of this evidence. *DePaul* at the French Academy, reported the case of a pupil midwife, who took care of a woman with severe puerperal fever. While she was washing her genitals she felt an unpleasant sensation. In the evening she was taken sick and died on the third day with all the symptoms of puerperal fever. Post-mortem confirmed diagnosis. She was found to be a virgin and not in a menstrual period.

How the Poison is carried to the Patient:—Pedley calls attention to the possibility of puerperal women being infected by the breath of the physician, nurse or midwife. Matter from carious teeth, alveolar abscesses, necrosed bone, etc., may be carried from mouth to the parturient canal. A curious source of infection is pointed out by *Eddington*. Physicians who milk their own cows, the teats of which, he says are always foul and unclean, may carry the filth and scales adhering to the hands to a parturient woman, infecting her.

Thomas shows that the water closet is a source of infection during labor. The patient sitting over the bowl while the vulva and vagina are rolled out and swollen, the parts are bathed with foul emanations from the closet, and infection is incurred. The common way in which the poison reaches the patient is through

the doctor's midwives or nurses, who during examination and manipulations deposit it in the genital canal. It may cling to a finger, instrument, a lubricant, a sponge, rag or any other substance brought in contact with the genitals. The most common time for infection to take place is during examination and manipulation of delivery, but may occur before and after.

Prevention:—The lying-in room should be large, well ventilated, with only the necessary furniture, no pictures or drapery. The wood work should be washed with a 1-1000 bi-chloride solution, and the floor thoroughly sprayed. When a patient is taken in labor she should be given a full bath and scrubbed with soap. After both she is dressed in clean gown and placed in a clean bed, covered first with a rubber sheet, disinfected in bi-chloride solution 1-1000. She is given an enema of soap suds. Her abdomen, thighs, buttocks and especially all sulci at and near the genitals, are carefully washed with bi-chloride solution 1-2000. The vagina and adjacent parts are washed with a 2% solution of creolin. Some advocate frequent antiseptic injections during labor, (but I should not put it into practice unless I was positive there was cause present that would bring about infection.) The doctor should be especially careful in the disinfection of his hands before touching the patient. He should remove his coat, cuffs, and role up shirt sleeves and rub and scrub hands and arms with stiff nail brush. Care should be taken to thoroughly clean spaces beneath nails and creases at their root. Finally the hands are immersed for from three to five minutes in a 1-2000 bi-chloride solution. If the accoucheur has visited cases of erysipelas, puerperal fever, diphtheria, scarlet fever or any other diseases liable to infect the patient, he ought even if possible, to take a full bath with ʒij of bi-chloride, and wash his hair and beard with great care while he is in bath. Likewise we ought to be still more careful of our hands and use stronger solutions of bi-chloride 1-1000, and should disinfect for at least five minutes. We should remember that hands are contaminated whenever they touch any object such as towel, bed clothes, nail brush, etc., and should be again introduced into the antiseptic fluid. Nurses should be compelled to disinfect themselves same as physicians.

Instruments are disinfected in carbolic solution 1-30 and lubricated with carbol-vaseline. Do not use sponges if possible. Gauze folded in convenient form and disinfected is preferable. Do not use any lubricant on hands only when necessary to introduce whole hand into uterine cavity. After birth of child do not introduce even a finger into the vagina in normal cases. By the Crede method the placenta is usually delivered without difficulty.

Intra-uterine Injections:—Are to be used in every case in which it has been necessary to introduce finger into the vagina, the hand or instruments into the interior of the womb, and in cases of still birth, when the child is macerated or liquor amnii looks or smells badly. These injections should always be made while patient is on back with a bed-pan placed beneath the buttocks. Dr. Kelley of the Johns Hopkins Hospital recommends a glass tube 12 inches long, curved like a catheter, with an opening at the end and several others at the side of the tube near the end, and is connected with the tube of a fountain syringe, introduced into the uterus and held in the cervical canal. Before entering the tube into the uterus the vagina should be washed out and the flow kept up during the introduction of the tube into the uterus. The injection should be creolin 2 per cent. or carbolic solution 1 per cent. at a temperature of 110 to 115° fahrenheit. After the injection the fluid is squeezed out of uterus and patient turns upon side and vagina empties itself. After removal of placenta the patient is again washed with bi-chloride solution 1-2000. For the vulva use pledgets of folded gauze made antiseptic in 1-2000 bi-chloride. Generally, soon after the placenta is removed, a gush of blood takes place, and it is not policy to begin the cleansing process too soon. It is well to keep a folded towel or napkin, made antiseptic over the genitals, but in my opinion it is not wise to apply occlusion bandages. It is good practice to use the binder so long in vogue. After the completion of the third stage of labor give Ergot *ss*–i3. It is essential to secure good contraction of the uterus as a protection against puerperal infection.

Lacerations of perineum should be repaired at once under proper antiseptic precautions.

TREATMENT.

Parvin has formulated some excellent rules, after the manner of the Mosaic law, for the guidance of puerperal patients. These say: "Thou shalt not get up when there is a red flow; thou shalt not set up before two weeks; thou shalt not work before three weeks; thou shalt not go out of the house before six weeks."

In considering the all-important subject of treatment the views of the practitioner are naturally biased by the theory he has adopted of the nature of the disease. If that here inculcated be correct the indications we have to bear in mind are 1st, to discover, if possible, the source of poison, in the hope of arresting further septic absorption; 2d, to keep the patient alive until the effects of the poison are worn off; and third, to treat any local complications that may arise. The antiseptic intra-uterine injections as detailed in the prevention of this disease are highly recommended by writers of repute. The injections carry away the fresh quantities of septic material from time to time and prevent further absorption. An antiseptic may be used, such as tr. iodine, Condy's fluid, or bi-chloride solution, but the statistics show that 2 per cent. solution of creolin has produced by far the best results in the treatment of puerperal fever. The injections should be made twice each day by the physician and not trusted to the nurse or husband. Intra-uterine injections should not be made indiscriminately, nor kept up for too long a time, as they are not altogether devoid of danger. It is all-important to sustain the vital powers by an abundance of nourishment. Strong beef tea, or other forms of animal soup, milk alone or mixed with lime, and the yolk of eggs beat up with milk and brandy should be given at short intervals, and in as large quantities as the patient can be induced to take. Venesection is never to be resorted to. The reduction of temperature must form an important part of our treatment, and we have many remedies at our disposal. Quinine in 10-30 grain doses is recommended by the Germans. Aconite and veratrum Veride are favorites among some physicians. The salicylicates are highly recommended. Antipyrin is probably the most efficient of all antipyritics in this disease. A very valuable means of re-

ducing the temperature is cold. The body may be sponged with cold water, ice bags may be applied or the cold coil. In hospitals Kibbre's fever cot is much used, but can rarely be used in private practice. The bowels are not to be interfered with as spontaneous evacuations take place usually. Notwithstanding the praise given antipyrin in this disease, quinine in large doses is preferred by some excellent teachers. Hypodermic injections of morphia to relieve pain, excitement and wakefulness, and especially when local peritonitis exists. Turpentine internally seems to have a magnificent action and is highly recommended by Carrigues. Turpentine stupes on abdomen often seems to be of advantage, and especially of the tympanitic note is high. Alcohol and digitalis to control a flagging heart. When the septic material come from a ruptured cyst of the tubes or ovaries or any other internal source the case is to be termed suitable for surgical interference.

Authors referred to:

American System of Obstetrics, Playfair's System of Midwifery, Thomas on Diseases of Women, Anual of Universal Medical Sciences, Volume 11, '91, *Heart and Barbour, Diseases of Women.*

ENCEPHALOID TUMOR.

By J. M. Southard, M. D., Late of Marysville, Ohio.

Marysville, Ohio, March 12, 1895.

[*To the Editor:* I find among his other papers this article written by my brother, Dr. James M. Southard. The cancerous bone described was some 7 inches long and 6 inches wide. It was removed more than twenty years ago. The article was not finished but I hand it to you thinking it worthy of an insertion in your journal, as Mr. Bird, the patient, is to-day a strong man weighing over two hundred pounds. Truly yours,

J. L. Southard, M. D.]

On the 19th. of April 1874, I was applied to by a young man, Eddie Bird, aged 16 or 17 years, rather under medium size, and light complexion, who was suffering with a tumor of the upper extremity of tibia of right leg. His mother and Dr. Skidmore, his physician, were with him. From them I learned that the disease was not of long standing, that it was very painful and growing fast. The doctor had punctured it but found nothing

followed this opening but blood. The patient was pale and sallow, and had that peculiar chalky appearance so characteristic of malignant disease. Pulse was frequent. The tumor embraced the upper part of the leg, immediately under the knee joint, on which it was evidently encroaching. Upon examining the tumor it was my opinion a cancer of the bone. All the appearances were bad; the tumor was round in shape, fixed and diffused into the surrounding parts; to the touch there was a sense of elasticity over the tumor; the veins were abnormally large; the enlarged veins, severe pain, rapid growth with enlargement of the lymphatic glands in groin, all showed to me the disease to be Encephaloid tumor, and so I told the mother and doctor. Mrs. Bird told me one of the physicians who had prescribed for her son said the disease was Scrofula. I told her I thought it was not Scrofula, because scrofulous disease of the bone is more chronic and indolent and in scrofulous disease we find much less pain complained of than in this case. After telling Mrs. Bird what I thought the disease was, I also told her, as a rule of practice, surgeons were everywhere condemned for interference with such tumors when they had progressed as far as that of her son (Erichsen says if the glands are enlarged and cachexy has occurred little can be expected in the way of cure.) The patient presented the picture of a boy whose days were numbered. His health was rapidly failing and he was in every way an unpromising subject for amputation, but as it was the only thing that even promised to prolong his life for a while, I told her that if she and her son, after thinking over the matter for a few days wanted the operation performed, I would remove the leg. This was on Sunday, and on Tuesday they sent me word that the young man was anxious to have his leg off, and for me to come on Thursday, the 23rd, and operate. On Thursday, the appointed day, with the assistance of my brother, J. L. Southard and Dr. Skidmore of Pharisburg I performed the operation. The patient was put under the influence of chloroform, I amputated the leg just above the knee. The stump was dressed with roller bandage and cold applied over it. Sulphate of morphine was given in small doses to allay pain, with nourishing diet, also whiskey, quinia and iron. He began to improve rapidly and has continued in good health ever since, some two years and five months. This case is interesting from its rapid recovery from so many apparently hopeless conditions.

PNEUMONIA (LOOMIS).

The late Dr. Alfred L. Loomis, of New York, ranked very high as an authority on disease of the lungs. He was especially successful in the treatment of pneumonia.

Accute pneumonia—according to Dr. Loomis, may terminate: (1), in *resolution* (recovery); (2), *suppuration* (purulent infiltration); (3), *abscess*; (4), *gangrene*; or (5), *chronic pneumonia.*

During *resolution* the lung is moist, lighter than during hepatization, has a yellowish color and shows loss of elasticity. The contents are either expectorated or absorbed; and the lung returns to its normal condition.

When *purulent infiltration or suppuration* occurs, the surface of the lung becomes yellow, its substance is soft, friable, moist, and it feels "wiry" as if an abscess were being pressed.

Abscesses of varying size may follow purulent infiltration. Their most common seat is the lower lobes.

Gangrene occurs in about two per cent. of all cases. It is liable to occur when there is great constitutional weakness, and chronic alcoholism or in septicæmia.

Among the predisposing causes of pneumonia *age* ranks first. There are three periods in life in which the liability is greatest: Early childhood,; 20 to 40; and after 60. Nine-tenths of all deaths after the sixty-fifth year are caused by lobar pneumonia.

Sex.—In early life both sexes are equally attacked. Between twenty to forty the proportion of males to females attacked is 3 or 2 to 1. After sixty there is little disproportion.

The *general bodily condition* at and before pneumonic seizure has but little predisposing influence. It is a question whether strong or weak are oftenest attacked. Convalescents, habitual alcohol drinkers and the "malarious" are more liable than those free from these conditions. Enervating habits, poverty and anti-hygenic surroundings are predisposing causes, likewise acute infectious diseases.

The success of modern methods of treatment bears evidence that it is a general (self-limiting) acute febrile disease. It seems probable that under certain predisposing conditions several micro-organisms may become the exciting cause of pneumonia.

Pneumonia is preceded in about one-fourth the cases by symptoms, rarely in children, however. Dull pains in the limbs, back and lumbar regions, vertigo and slight diarrhœa or slight jaundice, flashes of heat, and rigors are so regarded.

Flying pains in chest and limbs are common in old age. Rise in temperature is sometimes a precursor.

Generally the patient is seized by a chill in the night lasting from one-half to three hours. In children, headache, nausea, vomiting, delirium and convulsions may usher in the disease.

With the initial symptom there is a *rapid rise* of *temperature* accompanied by pain in the side, aggravated by coughing.

The following is a brief analysis of prominent objective symptoms of pneumonia:

The *respiration* is more constantly increased in frequency in pneumonia than in any other acute disease.

Difficult or labored breathing, although frequent, is by no means constant.

Pain follows the chill; it is situated under the nipple of the affected side.

Cough is present in over 90 per cent. of the cases.

The *temperature range* indicates that pneumonia belongs to a remittent type. Rarely, it is intermittent. The temperature rises suddenly during the initial chill, and in two or three hours it may range from 102° to 105° Fahrenheit.

The sudden fall of the temperature on the fifth day indicates a *crisis*, and the beginning of convalescence.

The *pulse* varies with the severity, extent and stage of pneumonia. In mild cases it ranges from 90 to 120; if it continues above 120 the case is severe. In *children* the pulse rate is greatly increased. *In all cases of senile pneumonia, the pulse should be counted at the heart.*

The *skin* is often hot and dry until the crisis; but it may be bathed in perspiration from the outset.

The *urine* in pneumonia is scanty, high colored and of high specific gravity.

Epistaxis may occur at any time, but is most frequent at the outset and crisis.

Pneumonia may be confounded with pulmonary congestion and

oedema, capillary bronchitis, pleurisy, hypostatic congestion, catarrhal pneumonia (in children), *pulmonary infarction. acute phthisis* (in children especially), *meningitis and typhoid fever.*

If we regard pneumonia as a *general* disease with a characteristic local lesion, the treatment must be modified to meet the exigencies of each case If it is not complicated and occurs at certain periods of life, it will terminate spontaneously in a recovery by crisis. Under less favorable circumstances it is almost necessarily fatal.

Any plan of treatment resorted to indiscriminately will prove nnsatisfactory, although a large proportion of cases will recover without treatment, yet well directed therapeusis will save lives and render convalescence less tedious.

The pneumonic lung no more requires treatment than the intestinal ulcers of typhoid fever. It is the *general* condition of the patient, not the *local* changes, which is to govern us in the management of each case.

A careful study of the pathology of pneumonia not only leads to the conclusion that bleeding does harm, but it strongly contraindicates the use of all those agents which have been employed for the arrest of simple pulmonary inflammation. Hence veratrum, viride, aconite, antimony, calomel, the tartrate of potash and antimony, iodide of potassium, and all so-called cardiac sedatives have been discarded.

Counter-irritation by blisters, or other irritants, to the chest (in the early stages) is apt to do harm; but blisters may be applied during the third stage, to hasten resolution. The application of leeches, followed by linseed-meal poultice or other soothing fomentation, will relieve the pain in the side, which is often so urgent at the out-set. If extensive pulmonary oedema occurs, dry cups applied to the chest will relieve the dysponea, and for a time dispell the oedema. It has come to be a rule to incase the chest in cotton batting or flannel jacket, covered with oiled silk, to protect the surface from sudden changes of temperature. It is especially beneficial in children.

Absolute rest is important; the patient should be moved as little as possible. If signs of heart failure occur, he should not be allowed to sit up or talk. The sick room should be large,

cheerful and well ventilated, and its temperature should range between sixty-five and seventy degrees fahrenheit. A most important adjuvant is a carefully-regulated diet The food should be fluid or semi-fluid, and highly nutritious, milk, eggs, beef-tea, and concentrated broths are recommended. Milk is preferable to all other nourishments.

The *nervous shock* which attends the onset of acute pneumonia is greater than in any other acute disease, except, perhaps, acute peritonitis and the important question presents itself; what measures shall be employed to counteract, or mitigate, the impression made on the nerve centers by the morbific agent which is operating to produce the pneumonia? The experience of the last ten years leads to the conclusion that during the developing period of the disease, when the pneumonic blow is first struck, and until the infiltration is complete (usually for the first four days), the patient is to be brought under the full influence of *opium* and held in a state of comparative comfort, by hypodermic injections of morphia, repeated at regular intervals; and that by this course a pneumonic patient is placed in the best condition, not only for sustaining the primary shock, but for resisting the pneumonia. After the pneumonic infiltration is completed, opium should be discontinued, for paralysis of, and a consequent accumulation of secretion in the bronchi may greatly increase the already deficient respiration.

In all severe types of pneumonia there are two prominent sources of danger—*heart-insufficiency*, and *high temperature*.

The two prominent indications for treatment are, therefore, to *sustain the heart* and to *reduce the temperature*. A large proportion of deaths in pneumonia directly result from heart failure; alcohol, judiciously used is the most efficient means for preventing or overcoming this, but its indiscriminate use is more dangerous than indiscriminate bleeding. Only a few ounces of brandy may be required to carry a pneumonic patient through a critical period; or its free administration may be demanded to save life. In the old and feeble, and in those who have been accustomed to the use of alcohol, stimulation may be necessary from the very first. The indications in each case demand careful study; in no disease is so much discretion required in the ad-

ministration of stimulants. The pulse is the indicator of the heart's condition. A frequent, feeble, irregular or intermitting pulse calls for stimulants. The quantity required in any case is to be determined by its effects on the pulse. It is best to begin with small quantities, and carefully note the effects of the first few doses. If it acts beneficially, a favorable effect will be seen in a few hours; and then the quantity administered must be varied to suit each case. It is seldom necessary to use more than six or eight ounces of brandy in twenty-four hours; but, when demanded, it is to be unsparingly given. A dicrotic pulse is always an indication for its use. The period immediately following the crisis is the time when stimulants are most required.

Critical collapse in the aged must be combatted by a free use of stimulants. Carbonate of ammonia is extensively employed as a stimulant in pneumonia; it is claimed that its use diminishes the danger of heart clot, but there is no evidence in support of this statement; and if given in sufficiently large doses to act as a stimulant it irritates the stomach. It is unquestionably inferior to alcohol as a cardiac stimulant. Camphor and musk are also inferior to alcohol, and digitalis is only of service when there are evidences of extensive renal congestion.

There are two plans of treatment advocated for reducing temperature in pneumonia: (1), the *application of cold* in various ways to the surface of the body; and (2), the internal administration of the antipyretics. It is claimed that the temperature can be reduced by applying cold compresses to the chest; a cloth of some thickness is to be rung from cold water and applied every ten or fifteen minutes to the affected side. This not only relieves the local symptoms, but it lowers the body temperature and hastens the day of crisis. Some prefer the "Esmarch Ice-bag" to the cold compress. When cold is used at all, Dr. Loomis prefers the coil. There is no doubt but that the pain in the side, and fever will be relieved by this means, but the relief is only temporary, and his experience leads to the belief that pneumonia treated in this way is more likely to extend, and that there is great danger of chilling the patient. The other methods of applying cold to the surface for the reduction of temperature

in pneumonia are the cold bath, the cold pack, and cold sponging.

The experience of Dr. Loomis and of American practitioners generally is against the cold bath and the cold pack. Though fever is lessened, heart-failure more rapidly follows, and is more difficult to overcome.

Of the internal antipyretics, antipyrin, and antifebrin are largely employed. Of these antifebrin is to be preferred. In many instances it will effect a reduction of temperature not obtainable by other antipyretics. In the majority of cases of pneumonia, however, sulphate of quinine is more efficacious than either of the newer drugs. To act antipyretically it must be given in doses of from gr. x. to gr. xx. within a period of not more than two hours. No one of the antipyretics should be long continued or given in large doses.

If there is great restlessness during the third stage, hydrate of chloral, or, better, small hypodermatics of morphia can be given. If there is slight evidence of cyanosis, these remedies should be used with great care. When the pupils are small, beladonna or hyoscyamus may be given. For the relief of the distressing cough which is sometimes present, five grains of hydrate of chloral combined with one-twentieth of a grain of morphia, or twenty-five drops of chlorodine every two hours may be given. If expectoration is difficult from loss of muscular power a stimulating "expectorant" such as senega and turpentine are useful. But if this difficulty arises from great viscidity of the sputum, alkalies will be found of service, and, as alkalies and neutral salines also have diuretic and diaphoretic action, they are especially indicated just before the crisis, For the relief of the delirium of chronic alcholism, tartar emetic and digitalis are highly recommended.

In the first stage of senile pneumonia an emetic is given. The nitrate of potash and the hydrochlorate of ammonia are highly recommended in *senile pneumonia.*

In children the chest should be thoroughly protected, the diet carefully regulated. Leeching snd blistering are always harmful. Stimulating expectorants are often indicated, and the moderate use of stimulants in feeble children is always required. During convalescence iron, quinine, mineral acids, cod liver oil and blood-making wines shonld be given.

ERYSIPELAS GANGRENOSUM.

By J. W. Luse, M. D., Clyde, Ohio.

In the spring of 1892 I was called to see a lady suffering with erysipelas gangrenosum who was under the treatment of an excellent physician. He had despaired of her life, and said to me that if the inflammation continued to spread as fast as it had for a few days past, that she could not live more than six days longer. He was using antiseptics and alteratives of the most powerful character, but all appeared to be of no use. The least toe was about to drop off and the flesh was detaching from the bones of more than one-half of the foot, and when a syringe was applied under the soul of the foot the fluid would come out on the top of it.

The inflammation was up several inches above the ankle joint. The case looked hopeless.

The Doctor said to me, "have you anything to suggest?" "one application" I replied "is all."

"A poultice of hop-yeast and charcoal." He was anxious to test it so we at once had yeast prepared just as is made to use for bread then thickened it with pulverized charcoal; finally we applied heavy poultices all over the foot and ankle several inches above the line of inflammation, renewing every two hours. To the astonishment of the doctor, and myself also, in twenty-four hours the inflammation had entirely subsided and the patient recovered. The small toe, however, dropped off, yet the flesh grew over the inflammed surface.

I have used it in other similar cases and it has never failed me. In such violent cases it must be used thoroughly and no hurt can come from its use.

THE TREATMENT OF PLEURISY.

By I. B. Washburn, M. D., Rensselaer, Ind.

One of the most painful afflictions we have to treat is pleurisy. Its most characteristic symptom is an acute pain upon a full, or the attempt at a full inspiration.

In case of an acute attack there may be fever, frequent pulse, cough, and dullness on percussion, in case effusion has taken place.

Upon the onset of the attack when we can notice only the fever and pain, I give the following.

℞ Aconite Specific Tr. (Lloyds) . . . . . M. xx.
Bryonia Specific Tr. (Lloyds) . . . . . ʒj.
Aqua pura . . . . . ʒiv.
M. Sig. Half teaspoonful every hour until relieved.

If pus forms in the pleursil sack it should be drained, washed with an antiseptic wash and the following injected.

℞ Iodine pure . . . . . grs. x.
Iodide of Potassium . . . . . grs. xxx.
Aqua . . . . . ʒj.
M. Sig. Inject all at once. Two or three injections will generally destroy the pus forming membrane, and other things being equal, the case will soon recover.

In a case when the abscess was discharging through the lung and bronchial tube and the pus would come so fast the patient could not spit it out but held his mouth open and let it run out, discharging a pint in that way every four to six hours, he was given sulphide of calcium in one grain tablets every two hours which arrested the pus formation very speedily, and he made a good recovery.

We should always know that our Calcium Sulphide is pure and fresh or we will be disappointed with the results.

AN UNIQUE CASE.

By W. B. Squire, M. D., Worthington, Ind.

I have just had in charge what to me, is an unique case.

Monday, January 7th, 1895, I was called to see Mrs. M. in labor with the second child, which progressed favorably. A well formed child was removed. I had it rubbed all over the body with lard and wiped clean. The child to all appearance, was all right, and showed no symptoms of any diseased condition, while I remained. A few hours afterward I was informed that the child was vomiting a dark looking matter, resembling coffee grounds. On examination of the vomited matter I decided it was changed blood. But how to account for it? After some

twelve hours the vomiting matter was considerably colored with blood, which continued until the matter thrown up was pure blood, and at times in sufficient quantity to saturate a lady's cambric handkerchief. Considerable quantity of blood was also passed from the bowels. After the child died on the fourth day no post-mortem was permitted.

It was learned about the third or fourth month of pregnancy the mother had an attack of dysentery which yielded to an ordinary treatment. During the whole time of carrying child, she complained of pains in abdomen especially in left side, opposite umbilicus. She is of nervous temperament and I gave her a compound of celery, cocoa, and viburnum some two or three weeks before birth of child. I applied to the tonsils a mixture of tr. chloride of iron and glycerine, to remove what had the appearance to some extent, of diphtheritic membrane, but was not true diphtheria.

I would like to hear from any of the readers of the MEDICAL JORNAL who have had similar cases.

CYSTITIS.

WRITTEN FOR THE JOURNAL.

In cystitis there may be not only the local symptoms that are referred to the bladder but the general system may be involved. In another class we have the frequent, spasmodic, and painful attempt to urinate, the patient passing a small amount of urine which may contain blood. This condition is commonly caused by poisoning from cantharides. Some people are so sensitive to the effect of cantharides that a small blister will develop this condition in a short time.

The most common form of cystitis is an extension of the inflammation from the urethra in gonorrhoea. There is a frequent and urgent desire to urinate and it is generally a "hurry call" that cannot be postponed. There is a desire to

pass more water when the bladder is empty and this effect is followed by pain. There may be a dull aching pain in the pubic region all the time, or this condition may be developed by urinating and then gradually pass away. The urine contains mucus and generally pus cells. The urine is generally cloudy and a sediment of mucus is deposited on standing.

In the treatment of cystitis, hot applications, hot sitz baths, and rest are important in acute cases. If the pain is severe morphine may be required. The alkaline preparations are generally indicated. In the form coming from gonorrhoea, Quain recommends tr. henbane in drachm doses with ten or fifteen drops of liquor opii every two hours while the pain is severe. Liquor potassa in twenty minim doses is given either with the above or alternating with it.

Dr. Dana states that five drop doses of arbor vitæ every three hours will relieve the most severe cases of cystitis and considers it one of the best remedies for this disease.

The balsams are generally considered useful in cystitis. Oil of sandal-wood is used by a number of physicians. We have used the following in a number of cases and have always been satisfied with the results:

℞ Bals. Copaiba . . . . . ℥i.
Septs. Aeth. Nitrosi . . . . . ℥i.
Pulv. Acaciae . . . . . q. s.
Aq. Cinnamon . . . . . q. s. ad. Mix.

M. Ft. Emulsion. Sig. Dessert spoonful in water four times a day.

We believe that this prescription will cure any ordinary case of cystitis that is the result of gonorrhoea. We meet with the same trouble in this class of patients that we have to contend with frequently in others *i. e.* as soon as they are relieved from the annoying symptoms, they neglect to take the medicine properly and frequently cease taking it altogether. It is not as pleasant to take as the thuja occidentalis (arbor vitæ). In giving thuja use a reliable preparation of the specific tincture.

Clinical Reports.

PLACENTA PRAEVIA.

By P. Guntermann, M. D.

[The Louisville Clinical Society. Stenographically reported by C. C. Mapes.]

In the year 1730, Giffart, a French Accoucheur, first directed attention to placenta prævia as a cause of unavoidable hemorrhage in labor. This observation was soon confirmed by Heister, Levret and others. To-day it is a fact. Placenta Prævia is said to occur about once in five hundred or seven hundred and thirty-three pregnancies.

It has been my misfortune—perhaps good luck—in a practice extending over twenty-six years to see seven cases of placenta prævia. In three of the cases I was called in as consultant, and four of the cases were my patrons. Of the first three, two died, the third recovered but was confined a long time to her bed with the most terrific metritis I have ever seen. All of the three children died, one undelivered.

My four cases fared better. The mothers made a happy and perfect recovery, also two of the children lived. Two were extracted asphyxiated. The death of the two mothers and their babies, also the protracted illness of the third of the first series, I am sorry to say, must be attributed to inexcusable delay. My own cases were delivered promptly and with judicious expedition. It may seem egotistic yet the result tallies with the best of modern times and treatment.

The mortality of the mothers has decreased from forty to ten percent; the death rate of the children is from fifty per cent. to seventy-five per cent. and of those born alive more than one-half die within a week or two. The mother dies from loss of blood in collapse, the child for the want of air, asphyxiated.

Cause.—Since placenta prævia is mostly found in multipara and in women who have suffered with leucorrhœa, it is supposed that a large uterine cavity with a smooth surface deprived of its fold and epithelium has much to do with the aberation. Recently it has been broached, and the theory is plausible, that

the impregnated ovum had become detached from its usual seat one of the cornu of the uterus and, instead of being lost or absorbed, had lodged near the internal os and there developed.

The placenta may be placed central or lateral. In *placenta centralis* hemorrhage is of necessity larger and more dangerous than in *placenta lateralis*; in the latter instance a woman may go on to full term and even be delivered without the loss of more blood than ordinary. The cause of the hemorrhage is due to rupture of the blood vessels, and comes mostly from the placental vessels. We seldom have hemorrhages from placenta prævia during the first six months of gestation, nearly always during the last three months, certainly at the onset and progress of labor. The reason for this, we are taught, is that during the first two-thirds of pregnancy the upper two-thirds of the uterus enlarge, and in the last three months the fibres of the lower segment multiply and grow rapidly. Now also the placenta has fully developed within the first six months and, if placed in the lower segment over or at the side of the os internum, as the inferior third of the uterus begins to enlarge and expand it (the placenta) remains passive, does not at least grow in proportion to the uterine structure. The necessary consequence is detachment, rupture of vessels and bleeding.

Diagnosis: Sudden, free, and unaccounted-for hemorrhage from the vagina in a pregnant woman is the first and almost positive diagnostic sign of placenta prævia. Palpation reveals an unusually globular uterus, it is not pyriform or even ovular. The child may be readily felt through the thin walls at the fundus. On auscultation we detect the placental bruit over the hypogastric region. The os and cervical region has a peculiar boggy feel. When the os is open, the placenta central, an educated finger will at once detect the placental structure, and, when lateral, the membranes are abnormally thick and lead to the placental margin.

Prognosis.—As may be inferred from the preceding the prognosis is very grave.

From ten per cent. to forty per cent. of the mothers die. When the mother does not perish she is liable to be an invalid for a long and indefinite time; she is exceedingly prone to septic in-

fection. The death rate of the children is simply appalling. Statistics give it as from fifty per cent. to seventy-five per cent.

Treatment.—In the early period of pregnancy all hemorrhages from the vagina must be treated on the expectant plan, the more so if we are not quite certain as to the cause. We enjoin rest, absolute quiet of body and mind and the recumbent posture. In the latter months with the os still indurated and enlarged, the same rule holds good, supplementary we may insert a tampon. A good cotton or charpie tampon is preferable to a C. Braun's colpeurynter or any other artificial contrivance. The tampon will check hemorrhage at least in a measure and superinduce labor pains.

As soon as the os softens and opens to allow the passage of a finger, commence to dilate gradually but surely. When dilatation has sufficiently progressed—this to be determined by the operator—turn by the bi-manual or Braxton Hicks method, detach the placenta and pull one or both of the lower limbs down. Here we have a tampon the size of which may be increased by slowly pulling the limb or limbs. Detach the placenta on the side where it has the least volume, if central detach on the side where the feet of the baby are felt. It is perhaps never advisable or safe to pass directly through a central placenta because:

First.—We necessarily tear large blood vessels and may cause fatal hemorrhage.

Second.—It is by no means easy to go through such a large fleshy mass and a separation of a more or less large area of placenta from the uterine walls is unavoidable.

Third.—The central opening may be too small to allow the speedy passage of the child's body or, if it does, it may disturb the proper position of the limbs or distend the head, making delivery tedious and enhance the danger from prolonged hemorrhage. Sometimes it may be well to rupture the membranes. The contracting uterus closes the sinuses, forces the body, or more desirable, the head of the child against and upon the bleeding surface and thus the hemorrhage is checked. This, however, is a dangerous procedure and may become the cause of fatal concealed hemorrhage. The bleeding may cease spon-

taneously. When the child is dead the blood frequently coagulates in the sinuses and seals the bleeding vessels.

Dilatation is often accomplished by artificial means. Never use a sponge tent, it increases the danger of septic infection. Barnes' dilators are universally used. They ought to be inflated with air or water. Air is the only agent that will dilate them. These dilators act also the part of a tampon.

An *accouchement force* is not devoid of peril, yes, it is at times disastrous. Should the neck not be fully obliterated, softened and dilatable, extensive lacerations are almost unavoidable and from them abundant hemorrhages flow.

Our guide for rapid or slow delivery must be the condition of the child. Is the child dead we can temporize; on the other hand if it is alive it is our duty to save it by quick and forcible extraction. Turn or use the forceps, as the case may be and do it promptly.

Altogether each case must be treated on its own merits and the management must be left to the discretion and ability of the attendant.

Medicines are of little value. Quinine is an excellent oxytocic and uterine tonic; so is strychnine which is also one of our best cardiac stimulants. Injections of whiskey or ether may be called for to sustain the ebbing life until the crisis is passed. Astringents are useless. The utility of ergot—preferably given hypodermatically is questionable; so are local applications, either singly or combined and astringents may have a large share in the treatment. On this we will not now dilate.

The rule in the management of placenta prævia should be: Safety to the mother first and then to the child.

DISCUSSION.

Dr. Louis Frank:—Dr. Guntermann has covered the ground so thoroughly that there is very little to be said. There are certain cases, while not really placenta praevia, symptoms arise like those the doctor has mentioned, which may be due to the placenta being in the lower segment of the uterus, and its early separation. I think the best treatment of placenta praevia would be, not to delay with the tampon, but immediately, if the child is viable, to proceed to deliver by forcible dilatation,—rupture the membranes bringing down the foot of the child. In this way the child acting as a tampon, of course, prevents any further hemorrhage as dilatation takes place.

The mortality in placenta praevia is very great both to mother and child, and I think it is a question which we may consider with a great deal of propriety whether

or not to induce premature labor in all such cases. I believe I would induce premature labor as soon as hemorrhage became at all alarming, or frequently repeated, even though the child was not at all viable. Dr. Guntermann is certainly to be congratulated upon the results attained in his cases.

Dr. I. N. Bloom:—A year before I left college I remember the question was asked the graduating class by the Professor of Obstetrics, "*When should forceps be applied to the after-coming head.*" The class said "*never*". To the best of my recollection that was the correct answer. I mention this because I heard one of the speakers say that you turn and use the forceps. I want to know whether it is the custom now-a-days to turn and use the forceps on an after-coming head.

Dr. J. W. Irwin:—This is a subject in which personally I have not had very much experience. I have treated three cases of placenta praevia and seen five all told all three mothers recovered, but all three babies died. If I recollect correctly these; cases occurred close together and were all that I have seen during twenty odd years practice—no case was observed before the sixth month of utero gestation. The hemorrhages were very violent, indeed very alarming, some of them going to the extent of almost destroying the life of the patient. The treatment which I adopted in all cases, as the hemorrhage was so alarming that I had no time to try other methods, was to produce forcible dilatation with the hand, and unbuttoning, as it were, in two cases a partial, and in the third a central, implantation. In the latter case when seen there was a tremendous hemorrhage; the patient's room was near the head of the stairs on the second floor, and the blood after going through the bed streamed out of the room and I was met by it at the head of the stairs. I forced a way through the placenta, turned the child and brought down the feet. The child was dead. As soon as I could engage it in the neck of the uterus the hemorrhage ceased. I used hot water douche and allowed it to remain until firm contractions of the womb ensued. After delivering the child I used as a douche one part cider vinegar to sixteen parts of water and kept up a continuous stream with a fountain syringe until all hemorrhage ceased. This method was recommended by Penrose, of Philadelphia, when he was Professor of Obstetrics in the University of Pennsylvania. Wallace also recommended similar treatment after placenta praevia and in post partum hemorrhages where the hemorrhages were very severe.

Several years ago statistics were prepared in the state of Indiana by a Doctor King on the subject of placenta praevia; he collected all the data it was possible to obtain which was afterward published in the proceedings of the American Medical Association. He showed that the largest number of cases of placenta praevia occurred in women in their second confinement; that primipara did not furnish nearly so many cases as multipara, and that after the second confinement the number of placenta praevia diminished.

The causes of placenta praevia are very indefinite, going back as far as the time of Tyler Smith, who said that placenta praevia was due to the fact that the ovule dropped down nearly to the internal os and there became impregnated. Cazeau believed that the membrane on certain occasions was not so turgid or so swollen as it ought to be to prevent descent of the ovum and therefore impregnation took place. No matter what the cause may be it is probable that the ovum is nearly out of the womb when impregnation takes place,—and whether the womb is in a normal condition or not I think it would be a very difficult question to determine, in view of the fact that very few of these cases can be observed post mortem at the beginning of utero gestation. It has been suggested that placenta praevia is often the cause of abortion in the early stages of pregnancy. I have no doubt that sometimes this occurs, although I do not remember ever to have seen a case that I could trace to this cause.

Dr. Guntermann in his paper makes a statement which I think would admit a little revision, i. e. that a rapidly enlarging uterus is the cause of the hemorrhage. That fact is not borne out, because the majority of placenta praevia occur after the eighth month, within the last two weeks of utero gestation. In fact we might say that nearly all cases occur during the last three months of gestation. Now if a rapidly enlarging uterus were the cause of the hemorrhage, the question would naturally arise, why did not hemorrhage occur before the eighth month, or before the last two weeks of uteró gestation. The inference would be that hemorrhage would occur sooner if this were the cause. Again it has been suggested that dilatation caused by taking up of the neck of the womb liberating the placenta when attached to or over the internal os, is the cause of hemorrhage. This in part, is probably true, but it must also be remembered that hemorrhages occur frequently before the last two weeks of utero gestation, when the internal os has not been given up to the body of the womb – this change takes place within the last week or two of utero gestation, and therefore cannot be considered the cause of the hemorrhage which occurs earlier in the case. The most probable cause suggested is that the uterus is always contracting during utero gestation, that upon certain occasions the contractions become more violent than others, and that during a very strong or firm contraction especially in the latter stages of utero gestation some of the attachments of the placenta are torn away and hemorrhage ensues. Possibly this is the best explanation, because we find often in these cases that slight hemorrhages have occurred and stopped of their own accord, without treatment or any interference.

Now touching the question of frequency: Various statistics have been given on the subject. Johnson and Sinclair say that placenta praevia occurs once in 573 cases; others have said that it occurs once in 487 cases. The maternal mortality in placenta praevia is very great. Reed, in his treatise on placenta praevia, states that one case in every four and one-half dies. Churchill says one death occurs in every three cases. Barnes says that the mortality is placed too high, that one death occurs in every ten and one-half cases, as far as he has been able to collect the statistics.

In regard to treatment: Dr. Guntermann has touched the keynote. In placenta praevia as in every other diseases which the general practitioner is called upon to treat, he acts upon no special rule, he must treat every case as he finds it; the character and extent of the hemorrhage must govern very largely as to the method to be employed in saving the life of the woman, this being the main object in view. Where severe hemorrhages occur say before the fourth or fifth month, I think it would be very unwise to wait for repeated hemorrhages, the uterus should be emptied of its contents as quickly as possible and thus save the mother's life,

Inducing labor by rupturing the membranes: This has been suggested; rupture through the placenta if necessary in case of central implantation, draw off the waters and allow the uterus to contract; bring down the fetus which will act as a plug in the mouth of the womb in this way arrest the hemorrhage. I believe this is a very good plan. I think after the sixth month that the best method is forcible dilatation with the hand. This can be practiced a little differently from the way Dr. Guntermann suggests. There is not much danger of laceration, because from the great loss of blood the patient is very much exhaustad and the muscles are all relaxed and therefore dilatation is not hard to accomplish. You can insert first one finger, then two, then three and afterward the entire hand; the hand can be slipped up alongside of the placenta into the uterus, the child can be brought down by the feet which will act as a tampon, then you have arrested the hemorrhage. This is the plan employed in the three cases I have treated. Unfortunately I was not able to save the lives of the children. Concerning statistics as to the life of the child—it is said that one-half of the children born after the seventh month live. It seems to me that the percentage

of life is very large, as the hemorrhage in the majority of cases is frightful and the child is in great danger of dying.

Dr. T. P. Satterwhite:—There should be, if possible, an intelligent assistant always with the accoucheur. Of course we recognize where there is severe hemorrhage, it should be checked as speedily as practicable, and there should always be a person to manipulate and help the uterus to contract while the accoucheur is delivering the child, which ought to be done as has been stated, by first bringing down the foot; the child acts as a tampon and arrests the hemorrhage. I would give the woman one-tenth grain strychnia hypodermatically, and have the assistant with both hands keep constant pressure upon the abdomen following the child down. Ergot should not be given under any circumstances until after delivery is accomplished. The danger of administering ergot lies in the fact that it causes contraction of the circular fibres of the uterus, often producing a very sad and fatal condition. I do not agree with Dr. Irwin as to the cause of the hemorrhage. I think we all recognize at the latter part of utero gestation, the cervix becomes completely obliterated, the outlet like the fundus being globe-shaped. As for Barnes' dilator, I had two at one time, but without use they became perfectly worthless. I agree with Dr. Irwin in his proposition, that the fingers properly applied, constitute the best means of dilating. By careful manipulation the fingers can be introduced into the uterus, the placenta whether centrally attached or otherwise can be detached and the child brought down. This, with pressure by an assistant from above, the hypodermatic injection of strychnia, and the internal administration of strychnia, and the internal administration of quinine, I believe will prove the best treatment for placenta praevia.

Dr. Louis Frank:—It is the accepted teaching now, that the cervix does not become obliterated during the latter period of utero gestation. The authorities I have consulted recently, among them the last edition of Lusk, and of Galabin, claim that the cervix does not give way at all; that the canal lies really obliquely, and while it apparently disappears yet it can be demonstrated by a careful examination that the neck does not become obliterated, that the obliteration does not occur until labor really sets in.

Dr. P. Guntermann:—In answer to the gentlemen who have spoken: I have seen several cases of hemorrhage during the latter months of utero gestation which were not due to placenta praevia, and one case which was due to placenta praevia, that I did not recognize at the time. I did not follow the method suggested by one of the speakers,—to induce labor at once,—I succeeded in relieving the alarming symptoms, the hemorrhage was checked, and the patients went on to full term. I realize this will not always be the case, but it has happened in my practice several times where the hemorrhage was very profuse.

As to Dr. Bloom's question, whether the head ought to be delivered with forceps after turning,—I did not state in my paper that we should *turn the child and deliver the head with forceps;* what I said was that we *should turn, or deliver with forceps.* It may, however, become necessary after the body has been delivered, to extract the head with forceps; although such cases are very unusual.

Drs. Irwin and Satterwhite have simply confirmed the statements I made in my paper. We must remember that the neck of the womb is very vascular at the time of delivery, or during the last weeks of utero gestation, and if we tear it, or make any extensive laceration, we are very apt to have hemorrhage which increases the danger already existing.

Dr. J. M. Krim:—I remember having seen a case with Dr. Leiber some time ago, in which after all hamorrhage had ceased and we could make proper traction, we found it impossible to relieve the head, and forceps were used successfully, although the

child was dead. I believe that forceps can be used to advantage in cases where after proper traction has been applied you are unable to accomplish delivery.

Dr. I. N. Bloom:—In regard to the use of forceps in the character of cases under discussion: It seems to me that the left hand on the child's chest, by grasping the neck with the right hand you have the best purchase that possibly can be obtained and I really do not see why it should be necessary to apply the forceps,—whether the child is alive or dead makes no difference.

Dr. J. W. Irwin:—The question Dr. Bloom has raised is a very important one, and at first sight it looks like a difficult matter to apply forceps under the circumstances mentioned, but in case of living child with a large head, pains feeble; and with a pelvis which is not very roomy, it becomes necessary to apply forceps oftener than one would imagine after breech presentations. I have used the forceps considerably in all forms of presentations, and I have at least a dozen times applied forceps in such cases as have been described, both in the cases of dead and living children, and I know that traction made in any other way sufficient to complete delivery might have broken the neck of the child. I have found the head wedged in the superior strait, and it was a difficult matter to disengage it and complete the delivery. By compressing the head to some extent with forceps, in this way I was able to save the life of the child, Looking over some statistics for the last year, I find I have applied the forceps to the head twenty-seven times. In no case, however, did I apply forceps after a breech presentation, because it has not been necessary.

DISLOCATION OF LOWER MAXILLARY DURING EPILEPTIC SEIZURE.

Dr. J. M. Krim:—A week ago I was called to see a young man, aet. twenty-two years, who had met with a peculiar accident. The patient had been the subject o epilepsy for a number of years, the attacks occuring at regular intervals, and lasting for a longer or shorter period. The attack in which I was asked to see him had lasted according to his mother's statement rather longer than customary. He had not fallen as he happened to be near the bed at the time. I found him evidently perfectly rational, but he seemed unable to speak. I looked at him for a while, but could get him to say nothing. I confess I was somewhat perplexed. In making an examination I found that his inability to talk was due to the fact that he could not move the lower jaw; there was a dislocation of the lower maxillary. After reduction he was able to articulate.

HEREDITY OF TUBERCULOSIS OF BONES.—Dollinger observes that parents who consulted him on account of tuberculosis of the bones and articulations in their children were very rarely themselves affected with tuberculosis, but in several instances the grandparents had succumbed to phthisis pulmonum .As a result of his investigations of 250 cases he concludes that tuberculosis of the bones does not appear so often in the children as in the the grandchildren of those suffering with tuberculosis. It seems that the bones must remain for some generations under the influence of the virus. They must lose some of their vital powers before they become a suitable soil for Koch's bacillus.—*Allgem. Med. Centr. Zeitung.*

[A Story from the Diary of an English Doctor.]

AN OAK COFFIN.

CONCLUDED.

AT this moment Gabrielle's eyes rested on me. A look of relief and almost ecstasy passed over her poor, thin little face.

"You are here!" she exclaimed. "You will come, too? Oh, how glad I am."

"If Dr. Mackenzie will permit me." I replied, "I shall be only too pleased to accompany him."

"By all means come, you may be of the greatest use," he answered.

We started at once. As soon as we left the house Gabrielle rushed from us.

"I am going to have the front door open for you both when you arrive," she exclaimed. She disappeared as if on the wings of the wind.

"That is a good girl," I said, turning to the other doctor.

"She has always been deeply attached to both her parents," he answered.

We did not either of us say another word until we got to Ivy Hall. It was a rambling old house, with numerous low rooms and a big entrance-hall. I could fancy that in the summer it was cheerful enough, with its large, walled-in garden. The night was a dark one, but there would be a moon presently.

Gabrielle was waiting in the hall to receive us.

"I will take you to the door of mother's room," she exclaimed.

Her words came out tremblingly, her face was like death. She was shaking all over. She ran up the stairs before us, and then down a long passage which led to a room a little apart from the rest of the house.

"I told you mother wished to sleep in a room as far away from me as possible," she said, flashing a glance into my face as she spoke.

I nodded in reply. We opened the door and went in. The sight which met our eyes was one with which most medical men are familiar.

The patient was lying on the bed in a state of violent delirium. Two maid-servants were bending over her, and evidently much exciting her feelings in their efforts to hold her down. I spoke at once with authority.

"You can leave the room now," I said—"only remain within call in case you are wanted."

They obeyed instantly, looking at me with surprised glances, and at Mackenzie with manifest relief.

I shut the door after them and approached the bed. One glance showed that Mrs. Heathcote was not mad in the ordinary sense, but that she was suffering at the moment from acute delirium. I put my hand on her forehead: it burned with fever. Her pulse was rapid and uneven. Mackenzie took her temperature, which was very nearly a hundred and four degrees. While we were examining her she remained quiet, but presently, as we stood together and watched her, she began to rave again.

"What is it, Gabrielle? No, no, he is quite dead, child. I tell you I saw the men screw his coffin down. He's dead—quite dead. Oh God! oh, God! yes, dead, dead!"

She sat up in bed and stared straight before her.

"You mustn't come here so often," she said, looking past us into the centre of the room, and addressing someone whom she seemed to see with distinctness, "I tell you it isn't safe. Gabrielle suspects. Don't come so often—I'll manage some other way. Trust me. Do trust me. You know I won't let you starve. Oh. go away, go away."

She flung herself back on the bed and pressed her hands frantically to her burning eyes.

"Your father has been dead six months now, Gabrielle," she said, presently, in a changed voice.

"No one was ever more dead. I tell you I saw him die; he was buried, and you went to his funeral." Here again her voice altered. She sat upright and motioned with her hand. "Will you bring the coffin in here, please, into this room? Yes; it seems a nice coffin—well finished. The coffin is made of oak. That is right. Oak lasts. I can't bear coffins that crumble away very quickly. This is a good one— you have taken pains with it—I am pleased. Lay him in gently. He is not very heavy, is he? You see how worn he is. Consumption!—yes, consumption. He had been a long time dying, but at the end it was sudden. Hemorrhage of the lungs. We did it to save Gabrielle, and to keep away—what, what, *what* did we want to keep away?—Oh, yes, dishonour! The—the——" Here she burst into a loud laugh.

"You don't suppose, you undertaker's men, that I'm going to tell you what we did it for? Dr. Mackenzie was there—he saw him just at the end. Now you have placed him nicely in his coffin, and you can go. Thank you, you can go now. I don't want you to see his face. A dead face is too sacred. You must not look on it. He is peaceful, only pale, very pale. All dead people look pale. Is he as pale as most dead people? Oh, I forgot—you can't see him. And as cold? Oh, yes, I think so, quite. You want to screw the coffin down, of course, of course—I was forgetting. Now, be quick about it. Why, do you know, I was very nearly having him buried with the coffin open! Screw away now, screw away. Ah, how that noise grates on my nerves. I shall go mad if you are not quick. Do be quick—be *quick*, and leave me alone with my dead. Oh, God, with my dead, my dead!"

The wretched woman's voice sank to a hoarse whisper. She struggled on to her knees, and folding her hands, began to pray.

"God in Heaven have mercy upon me and upon my dead," she moaned. "Now, now, now! where's the screwdriver? Oh, *heavens*, it's lost, it's lost! We are undone! My God, what is the matter with me? My brain reels. Oh, my God, my God!"

She moaned fearfully. We laid

her back on the bed. Her mutterings became more rapid and indistinct. Presently she slept.

She must not be left in this condition," said Mackenzie to me. "It would be very bad for Gabrielle to be with her mother now. And those young servants are not to be trusted. I will go and send in a nurse as soon as possible, Can you do me the inestimable favour of remaining here until a nurse arrives?"

"I was going to propose that I should, in any case, spend the night here," I replied.

"That is more than good of you," said the doctor.

"Not at all," I answered; the case interests me extremely."

A moment or two later Mackenzie left the house. During his absence Mrs. Heathcote slept, and I sat and watched her. The fever raged very high—she muttered constantly in her terrible dreams, but said nothing coherent. I felt very anxious about her. She had evidently been subjected to a most frightful strain, and now all her nature was giving way. I dared not think what her words implied. My mission was at present to do what I could do for her relief.

The nurse arrived about midnight. She was a sensible, middle-aged woman, very strong too, and evidently accustomed to fever patients. I gave her some directions, desired her to ring a certain bell if she required my assistance, and left the room. As I went slowly downstairs I noticed the moon had risen. The house was perfectly still—the sick woman's moans could not be heard beyond the distant wing of the house where she slept. As I went downstairs I remembered Gabrielle's story about the moonlit garden and her father's figure standing there. I felt a momentary curiosity to see what the garden was like, and, moving aside a blind, which concealed one of the lobby windows, looked out. I gave one hurried glance and started back. Was I, too, the victim of illusion? Standing in the garden was the tall figure of a man with folded arms. He was looking away from me, but the light fell on his face: it was cadaverous and ghastly white; his hat was off; he moved into a deep shadow. It was all done in an instant—he came and went like a flash.

I pursued my way softly downstairs. This man's appearance seemed exactly to coincide with Mackenzie's description of Heathcote; but was it possible, in any of the wonderful possibilities of this earth, that a man could rise from his coffin and walk the earth again?

Gabrielle was waiting for me in the cheerful drawing-room. A bright fire burned in the grate, there were candles on brackets, and one or two shaded lamps placed on small tables. On one table, a little larger than the rest, a white cloth was spread. It also contained a tray with glasses, some claret and sherry in decanters, and a plate of sandwiches.

"You must be tired," said Gabrielle. "Please have a glass of wine, and please eat something. I know those sandwiches are good—I made them myself."

She pressed me to eat and drink. In truth, I needed refreshment. The scene in the sick room had told even on my iron nerves, and the sight from the lobby window had almost taken my breath away.

Gabrielle attended on me as if she were my daughter. I was touched by her solicitude, and by the really noble way in which she tried to put self out of sight. At last she said, in a voice which shook with emotion:—

"I know, Dr. Halifax, that you think badly of mother."

"Your mother is very ill indeed," I answered.

"It is good of you to come and help her. You are a great doctor, are you not?"

I smiled at the child's question.

"I want you to tell me something about the beginning of your mother's illness," I said, after a pause. "When I saw her two days ago, she scarcely considered herself ill at all —in fact, you were supposed to be the patient."

Gabrielle dropped into the nearest chair.

"There is a mystery somewhere," she said, "but I cannot make it out. When I came back, after seeing you to-day, mother seemed very restless and troubled. I thought she would have questioned me about being so long away, and ask me at least what I had done with myself. Instead of that, she asked me to tread softly. She said she had such an intolerable headache that she could not indure the least sound. I saw she had been out, for she had her walking boots on, and they were covered with mud. I tried to coax her to eat something, but she would not, and as I saw she really wished to be alone, I left her.

"At tea-time, our parlour-maid, Peters, told me that mother had gone to bed and had given directions that she was on no account to be disturbed. I had tea alone, and then came in here and made the place as bright and comfortable as I could. Once or twice before, since my father's death, mother has suffered from acute headaches, and gone to bed; but when they got better, she has dressed and come downstairs again. I thought she might like to do so to-night, and that she would be pleased to see a bright room and and everything cheerful about her.

"I got a story-book and tried to read, but my thoughts were with mother, and I felt dreadfully puzzled and anxious. The time seemed very long too, and I heartily wished that the night were over. I went upstairs about eight o'clock, and listened outside mother's door. She was moaning and talking to herself. It seemed to me that she was saying dreadful things. I quite shuddered as I listened. I knocked at the door, but there was no answer. Then I turned the handle and tried to enter, but the door was locked. I went downstairs again, and Peters came to ask me if I would like supper. She was still in the room, and I had not made up my mind whether I I could eat anything or not, when I heard her give short scream, and turning round, I saw mother standing in the room iu her nightdress. She had a carvingknife in her hand.

"'Gabrielle,' she said, in a quiet voice, but with an awful look in her eyes, 'I want you to tell me the truth. Is there any blood on my hands?'

"'No, no, mother,' I answered.

"She gave a deep sigh, and looked at them as if she were Lady Macbeth.

"'Gabrielle,' she said again, 'I can't live any longer without your father. I have made this knife sharp, and it won't take long.'

"Then she turned and left the room. Peters ran for cook, and they went upstairs after her, and I rushed for Dr. Mackenzie."

"It was a fearful ordeal for you," I said, "and you behaved very bravely; but you must not think too much about your mother's condition, nor about any words which she happened to say. She is highly feverish at present, and is not accountable for her actions. Sit down now, please, and take a glass of wine yourself."

"No, thank you—I never take wine."

"I'm glad to hear you say so, for in that case a glass of this good claret will do wonders for you. Here, I'm going to pour one out—now drink it off at once."

She obeyed me with a patient sort of smile. She was very pale, but the wine brought some color into her cheeks.

"I am interested in your story," I said, after a pause. "Particularly in

what you told me about your poor father. He must have been an interesting man, for you to treasure his memory so deeply. Do you mind describing him to me?"

She flushed up when I spoke. I saw that tears were very near her eyes, and she bit her lips to keep back emotion.

"My father was like no one else," she said. "It is impossible for me to make a picture of him for one who has not seen him."

"But you can at least tell me if he were tall or short, dark or fair, old or young?"

"No, I can't," she said, after another pause. "He was just father. When you love your father, he has a kind of eternal youth to you, and you don't discriminate his features. If you are his only child, his is just the one face in all the world to you. I find it impossible to describe the face, although it fills my mind's eye, waking and sleeping. But, stay, I have a picture of him. I don't show it to many, but you shall see it."

She rushed out of the room, returning in a moment with a morocco case. She opened it, and brought over a candle at the same time so that the light should fall on the picture within. It represented a tall, slight man, with deep-set eyes and a very thin face. The eyes were somewhat piercing in their glance; the lips were closely set and firm; the chin was cleft. The face showed determination. I gave it a quick glance, and, closing the case, returned it to Gabrille.

The face was the face of the man I had seen in the garden.

My patient passed a dreadful night. She was no better the next morning. Her temperature was rather higher, her pulse quicker, her respiration more hurried. Her ravings had now become almost incoherent.

Mackenzie and I had an anxious consultation over her. When he left the house I accompanied him.

"I am going to make a strange request of you," I said. "I wish for your assistance, and am sure you will not refuse to give it to me. In short, I want to take immediate steps to have Heathcote's coffin opened."

I am quite sure Mackenzie thought that I was mad. He looked at me, opened his lips as if to speak, but then waited to hear my next words.

"I want to have Heathcote's body exhumed," I said. "If you will listen to me, I will tell you why."

I then gave him a graphic account of the man I had seen in the garden.

"There is foul play somewhere," I said, in conclusion. "I have been dragged into this thing almost against my will, and now I am determined to see it through."

Mackenzie flung up his hands.

"I don't pretend to doubt your wisdom," he said; "but to ask me gravely to assist you to exhume the body of a man who died of consumption six months ago, is enough to take my breath away. What reason can you possibly give to the authorities for such an action?"

"That I have strong grounds for believing that the death never took place at all," I replied. "Now, will you co-operate with me in this matter, or not?"

"Oh, of course, I'll co-operate with you," he answered. "But I don't pretend to say that I like the business."

We walked together to his house, talking over the necessary steps which must be taken to get an order for exhumation. Mackenzie promised to telegraph to me as soon as ever this was obtained, and I was obliged to hurry off to attend to my own duties. As I was stepping into my hansom I turned to ask the doctor one more question.

"Have you any reason to suppose that Heathcote was heavily insured?" I asked.

"No; I don't know anything about it," he answered.

"You are quite sure there were no money troubles anywhere?"

"I do not know of any; but that fact amounts to nothing, for I was not really intimate with the family, and, as I said yesterday evening, never entered the house until last night from the day of the funeral. I have never *heard* of money troubles; but, of course, they might have existed."

"As soon as ever I hear from you, I will make an arrangement to meet you at Kensal Green," I replied, and then I jumped into the hansom and drove away.

In the course of the day I got a telegram acquainting me with Mrs. Heathcote's condition. It still remained absolutely unchanged, and there was, in Mackenzie's opinion, no necessity for me to pay her another visit. Early the next morning, the required order came from the coroner. Mackenzie wired to apprise me of the fact, and I telegraphed back, making an appointment to meet him at Kensal Green on the following morning.

I shall not soon forget that day. It was one of those blustering and intensely cold days which come oftener in March than any other time of the year. The cemetery looked as dismal as such a place could on the occasion. The few wreaths of flowers which were scattered here and there on newly-made graves were sodden and deprived of all their frail beauty. The wind blew in great gusts, which were about every ten minutes accompanied by showers of sleet. There was a hollow moaning noise distinctly audible in the intervals of the storm.

I found, on my arrival, that Mackenzie was there before me. He was accompanied by one of the coroner's men and a police-constable. Two men who worked in the cemetery also came forward to assist. No one expressed the least surprise at our strange errand. Around Mackenzie's lips, I read an expression of disapproval.

Kensal Green is one of the oldest cemeteries which surround our vast Metropolis, and the Heathcotes' burying-place was quite in the oldest portion of this God's acre. It was one of the hideous, ancient, rapidly-going-out-of-date vaults. A huge brick erection was placed over it, at one side of which was the door of entrance.

The earth was removed, the door of the vault opened, and some of the men went down the steps, one of them holding a torch, in order to identify the coffin. In a couple of minutes' time it was borne into the light of day. When I saw it I remembered poor Mrs. Heathcote's wild ravings.

"A good, strong oak coffin, which wears well," she had exclaimed.

Mackenzie and I, accompanied by the police-constable and the coroner's man, followed the bearers of the coffin to the mortuary.

As we were going there, I turned to ask Mackenzie how his patient was.

He shook his head as he answered me.

"I fear the worst," he replied. "Mrs. Heathcote is very ill indeed. The fever rages high and is like a consuming fire. Her temperature was a hundred and five this morning."

"I should recommend packing her in sheets wrung out of cold water," I answered. "Poor woman!—how do you account for this sudden illness, Mackenzie?"

He shrugged his shoulders.

"Shock of some sort," he answered. Then he continued: "If she really knew of this day's work, it would

kill her off pretty quickly. Poor soul," he added, "I hope it may never reach her ears."

We had now reached the mortuary. The men who had borne the coffin on their shoulders lowered it on to a pair of trestles. They then took turn-screws out of their pockets, and in a business-like and callous manner unscrewed the lid. After doing this they left the mortuary, closing the door behind them.

The moment we found ourselves alone, I said a word to the police-constable, and then going quickly up to the coffin, lifted the lid. Under ordinary circumstances, such a proceeding would be followed by appalling results, which need not here be described. Mackenzie, whose face was very white, stood near me. I looked at him for a moment, and then flung aside the pall which was to conceal the face of the dead.

The dead truly! Here was death, which had never, in any sense, known life like ours. Mackenzie uttered a loud exclamation. The constable and the coroner's man came close. I lifted a bag of flour out of the coffin!

There were many similar bags there. It had been closely packed, and evidently with a view to counterfeit the exact weight of the dead man.

Poor Mackenzie was absolutely speechless. The coroner's man began to take copious notes; the police-constable gravely did the same.

Mackenzie at last found his tongue.

"I never felt more stunned in my life," he said. "In very truth, I all but saw the man die. Where is he? in the name of Heaven, what has become of him? This is the most monstrous thing I have ever heard tell of in the whole course of my life, and—and I attended the funeral of those *bags of flour!* No wonder that woman never cared to see me inside the house again. But what puzzles me," he continued, "is the motive—what *can* the motive be?"

"Perhaps one of the insurance companies can tell us that," said the police-officer. "It is my duty to report this thing, sir," he continued, turning to me. "I have not the least doubt that the Crown will prosecute."

"I cannot at all prevent your taking what steps you think proper," I replied, "only pray understand that the poor lady who is the principal perpetrator in this fraud lies at the present moment at death's door."

"We must get the man himself," murmured the police-officer. "If he is alive we shall soon find him."

Half an hour later, Mackenzie and I had left the dismal cemetery.

I had to hurry back to Harley Street to attend to some important duties, but I arranged to meet Mackenzie that evening at the Heathcotes' house. I need not say that my thoughts were much occupied with Mrs. Heathcote and her miserable story. What a life that wretched Heathcote must have led during the last six months. No wonder he looked cadaverous as the moonlight fell over his gaunt figure. No ghost truly was he, but a man of like flesh and blood to ourselves—a man who was supposed to be buried in Kensal Green, but who yet walked the earth.

It was about eight o'clock when I reached the Heathcotes' house. Mackenzie had already arrived—he came into the hall to meet me.

"Where is Miss Gabrielle? I asked at once. "Poor child," he replied; "I have begged of her to stay in her room. She knows nothing of what took place this morning, but is in a terrible state of grief about her mother. That unfortunate woman's hours are numbered. She is sinking fast. Will you come to her at once, Halifax—she has asked for you several times."

Accompanied by Mackenzie, I

mounted the stairs and entered the sick room. One glance at the patient's face showed me all too plainly that I was in the chamber of death. Mrs. Heathcote lay perfectly motionless. Her bright hair, still the hair of quite a young woman, was flung back over the pillow. Her pale face was wet with perspiration. Her eyes, solemn, dark, and awful in expression, turned and fixed themselves on me as I approached the bedside. Something like the ghost of a smile quivered round her lips. She made an effort to stretch out a shadowy hand to grasp mine.

"Don't stir," I said to her "Perhaps you want to say something? I will stoop down to listen to you. I have very good hearing, so you can speak as low as you please."

She smiled again with a sort of pleasure at my understanding her.

"I have something to confess," she said, in a hollow whisper. "Send the nurse and—and Dr. Mackenzie out of the room."

I was obliged to explain the dying woman's wishes to my brother physician. He called to the nurse to follow him, and they immediately left the room.

As soon as they had done so, I bent my head and took one of Mrs. Heathcote's hands in mine.

"Now," I said, "take comfort—God can forgive sin. You have sinned?"

"Oh, yes, yes; but how can you possibly know?"

"Never mind. I am a good judge of character. If telling me will relieve your conscience, speak."

"My husband is alive," she murmured.

"Yes," I said, "I guessed as much."

"He has insured his life," she continued, "for—for about fifteen thousand pounds. The money was wanted to—to save us from dishonor. We managed to counterfeit—death."

She stopped, as if unable to proceed any further. "A week ago," she continued, "I—I saw the man who is supposed to be dead. He is really dying now. The strain of knowing that I could do nothing for him—nothing to comfort his last moments—was too horrible. I felt that I could not live without him. On the day of my illness I took—poison, a preparation of Indian hemp. I meant to kill myself. I did not know that my object would be effected in so terrible a manner."

Here she looked towards the door. A great change came over her face. Her eyes shone with sudden brightness. A look of awful joy filled them. She made a frantic effort to raise herself in bed.

I followed the direction of her eyes, and then indeed, a startled exclamation passed my lips.

Gabrielle, with her cheeks crimson, her lips tremulous, her hair tossed wildly about her head and shoulders, was advancing into the room leading a cadaverous, ghastly-looking man by the hand. In other words Heathcote himself in the flesh had come into his wife's dying chamber.

"Oh, Horace!" she exclaimed; "Horace—to die in your arms—to know that you will soon join me. This is too much bliss—this is too great joy!"

The man knelt by her, put his dying arms round her, and she laid her head on his worn breast.

"We will leave them together," I said to Gabrielle.

I took the poor little girl's hand and led her from the room.

She was in a frantic state of excitement.

"I said he was not dead," she repeated—"I always said it. I was sitting by my window a few minutes ago, and I saw him in the garden. This time I was determined that he should not escape me. I rushed downstairs. He knew nothing until he saw me at his side. I caught his hand in mine. It was hot and thin. It was like a skeleton's hand—only it burned with living fire. 'My mother

is dying—come to her at once,' I said to him, and then I brought him into the house."

"You did well—you acted very bravely," I replied to her.

I took her away to a distant part of the house.

An hour later Mrs. Heathcote died. I was not with her when she breathed her last. My one object now was to do what I could for poor little Gabrielle. In consequence, therefore, I made arrangements to have an enterview with Heathcote. It was no longer possible for the wretched man to remain in hiding. His own hours were plainly numbered, and it was more than evident that he had only anticipated his real death by some months.

I saw him the next day, and he told me in a few brief words the story of his supposed death and burial.

"I am being severely punished now," he said, "for the one great sin of my life. I am a solicitor by profession, and when a young man was tempted to appropiate some trust funds—hoping, like many another has done before me, to replace the money before the loss was discovered. I married, and had a happy home. My wife and I were greatly attached to each other. I was not strong, and more than one physician told me that I was threatened with a serious pulmonary affection. About eight months ago, the blow which I never looked for fell. I need not enter into particulars. Suffice it to say that I was expected to deliver over twelve thousand pounds, the amount of certain trusts committed to me, to their rightful owners within three months' time. If I failed to realize this money, imprisonment, dishonor, ruin, would be mine. My wife and child would also be reduced to beggary. I had effected an insurance on my life for fifteen thousand pounds. If this sum could be realized, it would cover the deficit in the trust, and also leave a small overplus for the use of my wife and daughter. I knew that my days were practically numbered, and it did not strike me as a particularly heinous crime to forestall death by a few months. I talked the matter over with my wife, and at last got her to consent to help me. We managed everything cleverly, and not a soul snspected the fraud which was practiced on the world. Our old servants, who had lived with us for years, were sent away on a holiday. We had no servant in the house except a charwoman, who came in for a certain number of hours daily."

"You managed your supposed dying condition with great skill," I answered. "That hemorrhage, the ghastly expression of your face, were sufficiently real to deceive even a keen and clever man like Mackenzie."

Heathcote smiled grimly.

"After all," he said, "the fraud was simple enough. I took an emetic, which I knew would produce the cadaverous hue of approaching death, and the supposed hemorrhage was managed with some bullock's blood. I got it from a distant butcher, telling him that I wanted it to mix with meal to feed my dogs with."

"And how did you deceive the undertaker's men?" I asked.

"My wife insisted on keeping my face covered, and I managed to simulate rigidity. As to the necessary coldness, I was cold enough lying with only a sheet over me. After I was placed in the coffin my wife would not allow anyone to enter the room but herself; she brought me food, of course. We bored holes, too, in the coffin lid. Still, I shall never forget the awful five minutes during which I was screwed down.

"It was all managed with great expedition. As soon as ever the undertaker's men could be got out of the way, my wife unscrewed the coffin and released me. We then filled it with bags of flour, which we had already secured and hidden for the

purpose. My supposed funeral took place with due honors. I left the house that night, intending to ship to America. Had I done this, the appaling consequences which have now ended in the death of my wife might have never taken place, but, at the eleventh hour, my courage failed me. I could do much to shield my wife and child, but I could not endure the thought of never seeing them again. Contrary to all my wife's entreaties, I insisted on coming into the garden, for the selfish pleasure of catching even a glimpse of Grbrielle's little figure, as she moved about her bedroom. She saw me once, but I escaped through the shrubbery and by a door which we kept on purpose unlocked, before she reached me. I thought I would never again transgress, but once more the temptation assailed me, and I was not proof against it. My health failed rapidly. I was really dying, and on the morning when my wife's illness began, had suffered from a genuine and very sharp attack of hemorrhage. She found me in the wretched lodging where I was hiding in a state of complete misery, and almost destitution. Something in my appearance seemed suddenly to make her lose all self-control.

"'Horace,' she exclaimed, 'I cannot stand this. When you die, I will die. We will carry our shame and our sorrow and our unhappy love into the grave, where no man can follow us. When you die, I will die. Oh, to see you like this drives me mad!"

"She left me. She told me when I saw her during those last few moments yesterday, that she had hastened her end by a powerful dose of Indian hemp. That is the story. I know that I have laid myself open to criminal prosecution of the gravest character, but I do not think I shall live to go through it."

Heathcote was right. He passed away that evening quite quietly in his sleep.

Poor little Gabrielle! I saw her once since her parents' death, but it is now a couple of years since I have heard anything about her. Will she ever get over the severe shock to which she was subjected? What does the future hold in store for her? I cannot answer these questions. Time alone can do that.

Full of outline and fair of face,
Swinging her fan with languid grace,
White arms gleaming through folds of lace,
  A woman of forty summers.
No thread of white in the auburn hair,
No line of age in the forehead fair,
A life unmarred by touch of care,
  In spite of her forty summers.
A husband-lover and children sweet,
Pleaaures to charm and friends to greet,
Roses scattered before her feet;
  Through each of her forty summers.
Summers all, for no winters bold
Have snatched her sunshine and made her cold;
Have killed her roses and made her old;
  Nothing she knows but summers.
Yet cold and blast but make us strong,
After the snow the robin's song;
To the fullest life by right belong
  Winters as well as summers.
And they whom fame shall carve in stone
They whom men would fain enthrone,
The women whom God has stamped his own,
  Live winters as well as summers.

—From the *Jenness Miller Monthly.*

IS THIS SO?

When doctors disagree, they do not forget to charge for the time they spend in the argument that precedes disagreement.—*Kate Field's Washington.*

Now that drunkenness is being cured, the bi-chloride of gold habit will probably be the next affliction of the race.

A SIMPLE TALE.

He wore one night a flannel robe,
Which brought on perspiration,
Which caused the robe to shrink so much
He died from strangulation.

Patient—"I know, now, why Shakespeare wanted physic thrown to the dogs."

Doctor—"Why?"

Patient—"In order to sick 'em."

ONE GOOD TERM DESERVES ANOTHER.

Doctor—"Your throat affection is one of the rarest in the world, and is of the deepest interest to the medical profession."

Patient—"Then remember, Doctor, when you make out your bill that I haven't charged you anything for letting you look down my throat."

"You will notice," said an amateur lecturer, "that I have a pitcher on the table beside me, but it does not contain water; it contains nervine."

SHE FELT IT.

His love, he said, was like the sea.
The maiden answered quick
She thought he was right in that,
Because it made her sick.

Nudity is always shocking especially in the case of a live wire.

THE PROPER PLACE.

"Going to a fashionable dentist's eh?"

"Yes, to to get my tooth pulled. Where are you going?"

"Going to a fashionable physician's to get my leg pulled."

A Friend—"If you love her, old fellow, why don't you marry her?

Bachelor Doctor—"Marry her? Why, she is one of my best patients."

HELPING HIM OUT.

Druggist (wrapping up a bottle of patent medicine).—"Yes; we don't make a cent on these patent medicines. All our time, interest and store rent on them are a dead loss."

Fair Purchaser (sympathetically).—"Oh, is that so? That is too bad. Let me see if I don't wish something else. Oh, yes! Give me five one-cent stamps."

Old Drywater—"My boy, in all creation you won't find any animal except man who makes a habit of smoking."

Young Puffs—"Yes, sir; but neither do I know any other animal that cooks his meals!"

THE LATEST VERSION.

When Georgie hacked the cherry tree
He peeled the bark off round
And boiled it up with tar, did he,
To make a cough compound.

His father chortled in his joy,
He did not scold or scoff;
But said, "You are excused my boy—
You'd such a hacking cough!"

"Snaix in the butes."—The following call was left on a physician's table: "Doc come up to the house; ther old man has got snaix in his butes agen an' raisin' Kain."

THE CHILD'S INQUIRY.

Little G. W. Mokely—"Poppy, why did yo' call me George Washington?"

Mr. Mokely—"Kase George Washington was de father ob dis country, chile."

Little G. W.—"And will I be de father of dis country some day, poppy?"

Mr. Mokely—"How does I know? Dey say history repeats itself."

You may choke me off with quinine,
You may frighten me with squills,
You may try to overcome me
With your tonics and your pills;
But I'm stronger than your doctors,
Though for miles extend their fame;
I m a little "grip" bacillus—
And I get there just the same.

HARD TO FORGIVE.

"By love, Doc! That lady returned your salute rather coldly, I should say! Almost a dead cut!"

"Yes. I attended her husband during his last illness."

"Oh, I see! Didn't pull him through, eh?"

"On the contrary, I did."

First Quack—"How's business?"

Second ditto—"Splendid! Immense! Our receipts have nearly doubled since we gave out that we treat all our patients gratuitously."

THE ODDS AGAINST HIM.

"I don't feel right about going in there," said Chillson Fever, in front of a physician's house."

"Pshaw! He's one of the best doctors in the city," replied Coffin Coles.

"I know; but look at his sign—9 to 1."

"Well."

"Well, I don't take any such chances is that."

"Oh, mamma, please do not let the ship walk," as a very seasick little four-year-old girl said to her mother on board the steamer.

TO A SCIENTIST.

Microbes in the kiss you say!
Right you are, my boy,
Little germs of purest bliss,
Bacilli of joy!

The confidence man who swindles clergymen, may be called a "shepherd's crook."

MEAN MAN.

Maud Edith—"Aren't you going to buy at least two tickets for our hypnotic entertainment? It is for the benefit of the church, you know."

Smallwort—"Lemme see. It is Dr. Eighthly's church, isn't it?"

"Yes."

"I don't think I'll take any. I've been attending hypnotic performances, off and on, at his church for three or four years."

NOT WRITER'S CRAMP.

Doctor—"From the condition of your hand and arm, I should say you are suffering from writer's cramp—too much exercise of one set of muscles."

Young Business Man—"But I never write, I employ a typewriter."

Doctor—"Hm—Engaged to her.

Young Business Man—"Y-e-s."

Doctor—"Do your-er-dictating with your other arm.

THE GERM CLUB PAPERS.

Membership:—The Doctor—The Theorist—The Observer—The Reasoner—The Schemer—The Student—The Inventor—The Cynic and the Doctor's Wife.

EDITED BY THE SKEPTIC.

When the Germ Club convened for its regular monthly meeting, the Schemer at once took the floor and continued reading his Code of Tradesman's Ethics, which as stated in the report of last month's proceedings, he had based upon the Code of Medical Ethics, and proposed to adopt to each of the various trades, beginning with the grocery trade. At the last meeting he had read that section of his code detailing the duties of customers to their tradesmen, and now proceeded by reading that part of the code explaining the duties of the tradesmen to their customers, as follows:

"Every grocery boy on entering the grocery trade—as he becomes thereby entitled to all its privileges, perquisites and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and extend the bounds of its usefulness. He should, therefore, observe strictly all rules that are instituted for the government of grocery boys and should avoid all contumelious und sarcastic remarks relative to the grocery-trade as a body. While by unwearied diligence he resorts to every honorable means of enriching the trade, he should entertain a due respect for his competitors in the trade who have by their labors brought it to the elevated condition in which he finds it.

"A grocery man should not be a pick-pocket or a horse thief. He should maintain a high standard of moral excellence and not commit murder or arson. No high standard of goods can compensate for his want of correct moral principles. A steady hand, an acute eye, and an unclouded head are essential if he would retain his reputation and customers."

At this point in the proceedings the doctor's wife interfered with the statement that decent white men in any line of business

or in any profession, were expected to keep within the limits of, of at least, a few of the ten commandments and were not supposed to be drunkards or highwaymen. It was therefore, she said, a dastardly insult to any decent groceryman to ask him to subscribe to a Code of Ethics which appeared to take it for granted that, unrestrained by rules and regulations, he would promptly descend to the lowest depths of criminal degradation. Waiving this objection aside, the Schemer continued with his reading:

"It is derogatory to the dignity of the grocery trade to resort to public advertisements, or private cards, or hand-bills, inviting the attention of customers affected with particular appetites, or publicly offer to the poor, gratis, bread and bacon, or promising full stomachs; or to publish cases of thin men made fat in the daily prints, or suffer such publications to be made; or to invite hungry men to be present at displays of groceries, or to boast of pure goods and honest weights, or to adduce certificates of appetites satisfied or to perform any other similar acts. These are the ordinary practices of enterprising grocers whose groceries will bear inspection, and are highly reprehensible in a regular association grocery, whose goods will not stand the open daylight of publicity."

At this point the Schemer was again interrupted by the Reasoner, who remarked: "That clause will never go down with an honest business man. All honest men of whatever trade, profession, or calling, in this day and age, seek publicity. Only the members of shady crafts shudder at the sight of the columns of a newspaper, nowadays. Burglars, confidence men, and Jack The Rippers, do not voluntarily advertise. Like some other people, involuntarily and against their will, they are sometimes *advertised*. In this day and age all honest men, following an honest profession or calling, do voluntarily advertise.

The Schemer again ignored the objection, and continued reading:

"All grocerymen are entitled to the gratuitous groceries, of any one or more of the trade residing near them, when they happen to be hungry and hard-up. A grocer afflicted with an appetite is invariably afraid to eat his own groceries.

"A grocer should never insinuate that the groceries of another Association grocer are of bad quality, no matter how thoroughly sugar may be sanded, or the vinegar watered. However, it is the duty of Association grocers, at every possible opportunity, to denounce the groceries of Non-Association grocers."

At this point every member of the club rose up in indignant protest, and the Doctor acknowledged that for the first time in his life, he fully realized that the much-vaunted Code of Medical Ethics consisted simply and purely of the by-laws of a big boycotting labor organization like the well-known Knights of Labor.

By a unanimous vote this was decided co be the case, and further discussion was postponed until the next meeting of the club.

REPRESENTATIVE PRACTITIONERS OF MICHIGAN.

(*See Frontispiece.*)

By the Editor.

There are in Michigan according to the latest and most reliable statistics, 3550 practitioners. The average age is forty-three years. Their aggregate wealth runs far up into the millions and is roughly computed to average between ten and eleven thousand dollars. In general intelligence the doctors of the wolverine State rank as high as those of any other State in the Union, and higher than most. This is due in a great measure to the influence of the State University at Ann Arbor, where a large per cent. of the physicians received their education both academic and professional. There are no great cities in Michigan—we mean great in size, and do not forget there are few more progressive cities, and not one more beautiful than Detroit—and consequently the differences spoken of in our former articles between the city and country practitioner do not so strongly appear here as in some other States.

We do not expect in the whole country to collect a better-appearing group than those we have chosen as the representatives of the medical profession in Michigan, presented in the front of this issue of the Journal. A few words relative to the professional career of each will be of general interest.

Our issue for May will contain the photographs of some representative practitioners of New York. In number of her doctors, in their wealth, influence and station, in her noted specialists, and those of world-wide repute, New York must be acknowledged in medicine, as in everything else, in fact as in name, the Empire State.

The following are facts gathered regarding the life and station of the splendid looking group that comprises the frontispiece of this JOURNAL:

1. A. J. Campbell, M. A. M. D., of Sault Ste Marie, Mich., was born in Scotland fifty-six years ago. After receiving good common school education, he went to Edinburg University; emmigrated to Canada in 1855. Received his medical education at Victoria College, Toronto, Cincinnati, Ohio, and Chicago, Ill. He practiced in Canada twenty-eight years, and in Sault Ste Marie, where he now resides, eleven years. He has lately been reappointed County Physician for the seventh time. He has been City Health Officer and County Examiner of teachers for four years.

2. Dr. J. E. Heslop, M. D., C. M., Gladstone, Mich., was born 1864 in Hamilton, Ontario; attended the public and high schools of Dundas, Ontario, matriculating into Queens University, 1883, and began the study of medicine and graduated from that institution in medicine 1887; also graduated from Royal College of Physicians and Surgeons, receiving the degree of C. M., (Master of Surgery). He at once began the practice of medicine in Ashland, Wis.; practiced there for one year very successfully. He removed to his present location 1889, and now enjoys one of the largest and most profitable practices in the upper Peninsula of Michigan.

3. R. N. Morris, M. D., Chicago, Ills, late of Constantine, Mich., age 35. After a career of twelve years as a druggist and chemist he entered the Hahnemann medical college of Chicago, graduating in 1889. Located in Constantine, Mich., where he practiced until December, 1894; made an excellent reputation as a skillful operator in Gynecological surgery. In September, '94, received a call to a chair in faculty of Hering Medical College and removed to Chicago to give attention to a specialty, whither the best wishes of his many Michigan friends follow him.

4. William G. Harrison, M. D., was born in Frankfort, Kentucky, in 1856. Graduated at medical department of University of Louisville, Ky., 1879; practiced in southern Kentucky eight years and in southern Indiana two years. After a year spent West he came to Sodus, Mich., and resumed practice in 1890. He now has quite an extensive country practice.

5. Dr. W. P. Andrews, M. D., is a graduate of the Cincinnati College of Medicine and Surgery. For the past fifteen years he has given his constant care and attention to patients in his own sanitarium in connection with the St. Louis Magnetic Mineral Springs, St. Louis, Mich. He has had great success in the treatment of chronic diseases and nervous disorders of every description. He is now fifty-five years of age.

6. J. H. McLain, M. D., of Bureau, Ills., was born in Licking county, Ohio, in 1864. When less than a year old moved to Crawford county, Ill., where he was raised on a farm. Dr. McLain worked on the farm in summer and attended a district school in the winter. When nineteen years of age he entered the office of Dr. C. Barlow as a student of medicine, teaching school in winter and reading in the office during the summer, saving every dollar possible with which to pay expenses through college. In March, 1887,

after the close of winter term of school teaching he entered the Kentucky School of Medicine to take his first course of lectures; also in the Spring of 1888 to take the second course, after which he received a diploma, receiving an honorable mention for dilligence and scholarship. Soon after the young doctor located in Yale, Jasper county, Ill., at which place he practiced until Jan. 1894, when he located in Bureau, Ill., where he now has a growing practice.

7. L. A. Harris, M. D., Vanderbilt, Mich., was born at Utica, Michigan, in 1859. He graduated from the Detroit medical college in 1884; commenced practice at Augusta, Kalamazoo county, in same year; located at Vanderbilt, Spring of 1886, where he opened a drug business in connection with his practice. He has a large field; was elected in fall of 1892 to the office of Probate Judge of the county, and is also a member of the U. S. Pension Examining Board.

8. Dr. Colfax Brownell, although but thirty, has made for himself an enviable reputation. After several years preparatory study with an eminent preceptor, he entered upon his college course at Michigan's State University at Ann Arbor, graduating in the Spring of 1890. At the beginning of his senior year he received an appointment as assistant demonstrator of anatomy. He thus acquired a knowledge of that important branch, which enabled him to build up a surgical practice. Seeking a larger field, he located in a suburb of Saginaw. Not long after he became interested in the vacuum system of treating certain forms of chronic disease, paralysis, etc., and removed to Topeka, Kansas, to further investigate the subject with Dr. W. C. Francis. Since being there he has received a call to fill the chair of surgical anatomy at the Topeka homœapathic medical school, which he accepted. Dr. Brownell intends to give the results of his investigations upon vacuum treatment to the profession at large in a series of JOURNAL articles, and later he intends to write up the entire subject and present it in book form, which will be the first book of its kind ever published. The doctor's present address is 301 Sixth Ave., West, Topeka, Kan.

9. Dr. Myron C. Scully, was born in Lapeer county, Mich., in 1840. He received his early schooling in the district school, and was reared on a farm. At the age of twenty he entered the Lapeer seminary. At twenty-two, he taught school a few terms, during which time he commenced the study of medicine under the tutorage of the late Wm. A. Jackson, of Lapeer. In 1863 he entered the University of Michigan in the department of medicine and surgery, from which he took his degree in 1866. He practiced for the next two years in the office with his preceptor at Lapeer. Since he has been located in Vernon, Mich., and has now been in active practice there nearly twenty-seven years.

10. Milton Chase, M. D., of Otsego, Mich., was born in the City of Monroe, Michigan, in 1837. Graduated in medicine, surgery and pharmacy at the University of Michigan in 1861; was a member of the Sixth Michigan Infantry Regiment as a private, hospital steward and assistant surgeon

from August 1861 to August 1864. Practiced medicine and surgery in Kalamazoo, Mich., from 1865 to '67; afterwards moved to Otsego, where he has been actively engaged in practice to this date. In 1894 he was a candidate for Congress from the 4th district of Michigan on the Prohibition ticket; was a member of the Allegan county Pension Board in 1892–93. Was married to Elizabeth P. Moore, of Ypsilanti, in 1864 and has a family of two boys and five girls, all grown up, in good health and self-sustaining. The doctor says that as a fact he was off duty but one day, on account of sickness, during the three years he was in the U. S. States Army, although he was with the army two and one-half years in Louisiana, tenting along the banks of its rivers and the borders of its swamps. He feels that his army life has lessened very much his working ability.

11. Dr. E. B. Barnes is a native of Indiana, and is now over sixty years of age. Dr. Barnes graduated at the Eclectic Medical College of Cincinnati in 1857. Her maiden name was Coombs. She has practiced continuously since, longer we believe than any other female graduate of a medical college in the country. Dr. Barnes' practice has been of a general character such as other country practitioners. In a practice of over thirty-seven years she has not lost a mother in parturition, used instruments nor called consultation. She has now practiced in Douglas county, Ill., twenty-eight years. Dr. Barnes has built up an excellent practice which she still retains. She has three sons, one of them Omer F. Barnes, is a practicing physician located at Arcola, Ill.

12. Dr. D. H. Strahan was born at York, Haldimand county, Ontario, Sept. 26th, 1856. He graduated from the Albany Medical College, New York, in the class of 1883, since which time he has practiced his profession as follows: Grand Rapids, Mich., one year; Westphalia, Clinton county, Mich., six years, and five years where he is now located enjoying a large and lucrative practice, Pewamo, Ionic county, Mich. The doctor enjoys the confidence of his brother physicians in the surrounding towns, where his advice and counsel are qu te frequently sought.

13. M. S. Brownson, M. D., of Kingsley, Mich., was born at Dansville, N. Y., in 1844. In his youth he attended the district school near his home. At an early age he commenced the study of medicine with a local doctor During the war he enlisted as medical cadet or assistant surgeon, was in the army of the Potomac until the close of the war. After the war he entered a medical school at Philadelphia and graduated with honors in 1869. Afterward entering the Bennett Medical College he graduated from that institution in 1870, returning to Dansville he married Miss Sarah A. Rowe, an accomplished lady. He practiced at Danville until 1873 when he removed to Northern Michigan and is the pioneer physician and surgeon in Grand Traverse county, where he has one of the largest practices in the State, diseases of women being his specialty. It has been necessary for him to build a large sanitarium, where patients come to him from several different States to take treatment at his home. He belongs to the Odd Fellows,

Masons, G. A. R.; is Examining Surgeon of several insurance companies, and is Health Officer, County Coroner, etc. He has accumulated a large fortune, and spends money liberally for the advancement of the profession. He has sent out several students who are successes in the profession. He donates liberally for the growth of the village he lives in, which he platted and was the original owner, through his efforts it has become prosperous. He publishes the only newspaper in the village. He started in life a poor boy, and by his own hard labor advanced step by step to eminence.

14. Aaron B. Avery, M. D., was born in London, Mich., in 1853. At the age of sixteen he entered the State Normal School at Ypsilanti, which he attended three years, leaving it in 1873 for the Chelsea High School, from which he graduated in 1875. For five years he was a successful teacher, pursuing his medical studies at the same time and attending lectures in the Homœpathic Medical College of the University of Michigan, where he received the degree of M. D. in 1878. He soon after entered upon practice in Farmington. Oct. 22, 1879, he married Lillian Drake, of Farmington, and their charming home is brightened by two lovely children. After eight years of successful practice in Farmington and vicinity Dr. Avery, in 1885, removed to Pontiac, where his reputation as an able, careful and successful physician and surgeon had preceded him. Here in spite of severe competition, he immediately entered upon an extensive and lucrative practice. For four years he has been a member of the Board of Pension Examiners, and for eight years surgeon of the P. O. & N. R. R. He has also held the office of First Vice-President of the State Homœpathic Society and Chairman of the Bureau of Materia Medica. He was president of his graduating class at Ann Arbor and has been president of the Alumni Association.

15. T. H. Laverty, M. D., was born in Niagara county, N. Y., in 1821. Moved to Michigan in 1831; was educated in the common schools. Commenced reading medicine when twenty years old; attended a course of lectures at Castleton Medical College in 1884; commenced practice of medicine in the Spring of 1845, and attended the lectures of the Western Reserve Medical College at Cleveland, Ohio, the winter of 1846–47, graduating. Followed a general practice for several years until his health failing he went to the Pacific Coast. In 1869 he returned to his old location in Michigan and resumed the practice of medicine, where he still practices.

16. Dr. John R. Jones was born in the County of Dexford, Ireland, in 1847. He received his literary education at the Educational Institution, Dundalk, Ireland, and upon its completion he emmigrated to America and settled in Jonesville Michigan, in March, 1866. He taught school for a livelihood, and began the study of medicine the same year with Dr. Wm. B. Hawkins for preceptor. Entered the medical department of the University of Michigan in October, 1868. Graduated in pharmacy with title of Ph. C. in June 1870, and obtained the degree of Doctor of Medicine in March, 1872.

Was assistant instructor in analytical chemisty in the university laboratory during term of 1871-72. After graduation in medicine he spent eight months in British Isles, pursuing professional studies. Located in Detroit June, 1873 and engaged in pharmacy for four years, until failing health necessitated resignation fsom business. After six months recuperating in Wyoming and Colorado, he returned to Michigan and located in Leesville, (a suburb of Detroit) and began the practice of medicine and surgery, which he has kept up unremittingly to the present time, with the exception of four months spent in Europe in the summer of 1887. Professionally he has been eminently successful and has built up a large and lucrative practice. For some years he was health officer of the township in which he resides. He is a member of the Michigan State Medical Association, and also of the Detroit Medical and Library Association, and medical examiner for some fraternal associations and insurance companies.

17. Dr. J. W. Hawkey, Alanson, Mich., was born Feb. 20, 1856, and began the practice of medicine when twenty-one years of age. He has practiced in Arkansas, Kansas, and Michigan; the past five years in Alanson. He practices the eclectic system and meets with good success in a large territory which he covers.

18. C. Edward Davis, M. D., was born at Milan, Ohio, in 1864, moved to Niles, Mich. in 1861. In his seventeenth year, enlisted in the Twelfth Mich. Volunteer Infantry for three years, serving a portion of the time as medical assistant in the U. S. hospital. Soon after his discharge from the army in 1866, he entered the office of Dr. A. J. Meade, for the regular study of medicine, graduating from the Medical University at Philadelphia in 1893; located at Marcellus in 1874, attended a course of lectures at the Chicago Medical College in 1882 and another at Bennett Medical College in 1886--7, graduating again in the spring of 1887; was president of the Bennett Alumni Medical Association for 1888, has served several terms as president of the city in which he lives; is a Knight Templar and member of several other orders. In January, 1893, Dr. Davis bought the *Marcellus News* and still manipulates the editorial pen, believing that the latter is more mighty than the sword.

19. Dr. A. B. Chapin, of Mt. Clemens, Mich., was born in 1839 near Utica. Graduated University of Mich. in 1861, was appointed by Mr. Lincoln, then president, as surgeon U. S. Volunteers September 12th, 1862. Placed on duty at Annapolis, Md., in charge of St. Johns College hospital until the last of 1863, when he was sent to Fortress Monroe, and went up the James River with General B. F. Butler; was at the battles of Ft. Darling and Strasburg; has been professor in college in Detroit, Mich., is a member of the Mich. State Association and the American Medical Association,, was mayor of the city of Mt. Clemens three years, is married, having two sons and a daughter. He belongs to Masonic Fraternity, and goes to church when he finds some one who preaches well.

20. C. R. Crosby, M. D., Cannonsburg, Mich., is now fifty-eight years

old; has practiced medicine twenty-eight years. Dr. Crosby is also an ordained clergyman, having taken a theological course of study, and has practiced medicine in connection with the pastorate to some extent, but for several years past has given his whole time to medicine. He is much interested and gives considerable attention to orificial surgery, meeting with satisfactory results.

21. Dr. D. D. McNaughton, of Argyle Centre, Mich., was born in Sanilae Co., Mich., February 22d, 1866. Studied medicine under Dr. Hossack, of Lucan, Ont. Entered the University of Michigan, with the class of '87; located in Argyle in October, 1887; was elected coroner last November. He has a good paying practice. Dr. McNaughton is as yet unmarried. He is a member of several fraternal societies, and local examiner for Ætna Life Insurance Company.

22. Theophilus Grenier, M. D., Naubinway, Mich., was born in Quebec, Canada, in 1855. He first received a commercial education from the Brethren of the Christian Doctrine, and followed this with the classical course of the *Petit Seminaire de Quebec*, keeping at the head of his class all through the nine years of his studies. Dr. Grenier wrote for French newspapers, being too poor to pay for a medical course, and published quite a few literary novels, which afforded him the means of following the course at the University of Laval, where he graduated in June, 1879, *Summa cum Laude*. Thinking, like his compatriot, Octave Cremazie, the poet, that his country had all the medical and other professional men she could afford to pay for, he emigrated to "Michigan, my Michigan," and located at Saginaw, where he remained for seven years; from there he went to Naubinway, Mackinac County, where he is now practicing as the leading physician of the place. Dr. Grenier is recognized as the best surgeon between Manistique and St. Ignace, and is the medical examiner for three K. O. T. M. lodges.

23. Sid Conover, M. D., of Tustin, Mich.; age, twenty-five; educated in the public schools of Ontario; graduate, Michigan College of Medicine and Surgery, Detroit, Mich.; located at Tustin, Mich., in 1891, and has practiced there since that time, meeting with the most flattering success. The Dr. is a fluent conversationalist and a pleasant, companionable gentleman, and his large and daily increasing business is a genuine tribute to his worth and ability. He is a member of I. O. O. F., and F. A. M., and K. O. T. M.

24. B. C. Bradshaw, M. D., Mayville, Mich., was born in Ontario in 1864; moved with his parents to Gale, Mich., in 1866; worked on his father's farm, attending school during winter, until 1884, when he began teaching school—taught three years, then entered the Valparaiso, Ind., Normal school. Graduated from said school in 1888, and entered the University of Michigan Medical College the same year and graduated in 1891. Began at once the practice of medicine in Mayville, Mich., where he is meeting with gratifying success.

25. Maj. L. C. Read, M. D., was born in Ashtabula Co., Ohio, in 1844; moved to Crawford Co., Pennsylvania, when small; enlisted in 1863, and served in 109th regiment, Pennsylvania Volunteers, a short time as a private, and was appointed as acting hospital steward and served until the close of the war. Attended Western Reserve Medical College in 1865-66, and practiced in Crawford County until 1889. He came to Sanilae Co., Michigan, in 1883. He attended the Cincinnati College of Medicine and Surgery and graduated in 1884. In 1893 he received the appointment of Surgeon of Michigan Soldiers Home for two years, and was reappointed in 1895.

26. Dr. W. A. Engle was born in Angelica, N. Y., in 1826. He evinced literary tastes of a high order as a poetical writer, and began at an early age to write. He has published several works. The doctor graduated in 1853 from Alfred University, of New York, literary department, and in 1857 received a diploma from the State University at Ann Arbor. After leaving college he located in Hartford, practicing his profession, meantime writing the works above mentioned. He also is the leading drug merchant of the town. He is a genial gentlemen and affable in all his business and social relations.

27. A. E. Unger, B. S., M. A., M. D., of Dundee, Mich. The subject of this sketch first saw the light of day thirty-five years ago, in Paris Township, Sterling Co., Ohio. At eighteen years of age he began life's work by teaching in one of the district schools. His abilities were such that teaching in rural districts could not long hold him. He entered Ada University and afterwards pursued a course in Mount Union College where he was graduated receiving two degrees and taking the enviable position as leader in his class. Immediately upon graduating young Unger began the study of medicine under Dr. Stouger. In the fall of 1886 he was married to Miss Anna Sanos and two children, a boy and a girl, is the result of that happy union. In 1888 he entered Wooster University at Cleveland, and the following year took a course at the Western Reserve University, Cleveland. While at college, Unger took great interest in anatomy and many very beautiful specimens are the result of his patient and laborious works. He was graduated in '89, from the Wooster University Medical department, taking first class honors. During his stay in Cleveland he had engaged in the practice of medicine and had through his skill and affable manner worked up a creditable practice. He removed to Dundee, Monroe county, Mich., and there began his practice in the summer of 1891, and in less than four years has an established practice of between $4,000 and $5,000 a year. His reputation is extended much beyond his field of practice, as a diagnostician he takes a high rank and he has the courage to say he *does not know* when in doubt. He is a great fraternity man, belonging to the Masons, K. Ps., and other lodges.

28. P. J. Sullivan, M. D., Big Rapids, Mich., is a native of the Wolverine state. His early education was acquired for the most part in the common

schools. His classical course was taken at Assumption College at Laudwick, Ontario, under the direction of the Bassillian Fathers. He was proficient both in French and German. He graduated from the Medical Department University of Mich. in 1890. He practiced a short time at Parnell, Mich., and then in Grand Rapids where he was meeting with success when his health failed and he was forced to give up for a time. He later resumed practice at his old home Parnell, where the country air, and long drives acted as a tonic. In 1892 he married a young lady from Big Rapids, Mich. In '94 he graduated from the Post Graduate medical school of Chicago. He then finally and as he hopes permanently settled in Big Rapids, where he is meeting with encouraging success.

29. Annie A. Backus, M. D., born 1860 in the county of Norfolk, Ontario. Attended lectures University Mich. during 1886--7, entered Chicago College (Hahnemann), and graduated from this in '88. Practiced in Coldwater, Mich, first leaving there in '90. Visited hospitals in England and Scotland—returning, settled in Adrian, Mich., where she has since located. Owing to ill-health brought about from over-work, has been obliged to take vacation and will spend several months in Europe, expecting to return to locate in Detroit, Mich. and give her entire attention to her specialty (gynecology.) Dr. Backus may be classed among the successful in the profession.

30. John R. Williams, M. D., of White Rigeon, Mich., was born at Salem, Ohio, in 1846. In 1869 he began the study of medicine with his brother, L. B. Williams, M. D., at Angola, Indiana. During the winters of '69, '70, and '71, he attended the Western Reserve Medical College, at Cleveland, Ohio. For a short time he practiced his profession in Iowa. but returned to his native town when he soon built up a lucrative practice, and where during the year 1875, he served as city physician. June 3d, 1874, he was married to Miss Martha E. Fox. The marriage proved to be an unusually happy one, and Mrs Williams is well known for her deeds of kindness and charity. On account of the continued ill health of his wife, the doctor was forced to relinquish his growing practice and in the year 1880 he removed to his present location at White Pigeon, Mich, where he has as fine clinetele as any physician in Southern Michigan. the doctor for the past eight years has been surgeon for the Lake Shore and Michigan Southern Railroad, and a member of the American Medical Association, The Michigan State Medical Society, the Tri-state Medical, and a member National Association Railway Surgeons; is examiner for nearly all the old line Insurance Companies. He is also first vice-president of the Alumni Association of the College of Physicians and Surgeons of Chicago. The winter of '85--6 the doctor spent in Chicago taking special courses under Prof. Nicholas Senn, I. E. Harper, G. F. Lydston, Wm. E. Quine, and others, and received the degree of Doctor of Medicine and master of surgery. Thus with the diplomas of two of our best collegea he feels able to cope with anything that may present itself. The doctor has

no children. His ia a good, comfortable home, presided over by a faithful wife where their friends always find a hearty welcome.

31. Frank S. Collier, M. D., was born in 1864 in Kalamazoo county, Mich. He is a son of Dr. E. H. Collier, Sr., of Battle Creek, Mich., a well-known and respected physician. The young doctor began studying medicine in 1884, and graduated in 1887 from medical department of University of Michigan, and immediately began the practice of medicine at Vicksburg, Kalamazoo, county, Mich., where he has remained until the present time, successful and happy.

32. Dr. Geo. F. Heath, of Monroe, Mich., was born at Warsaw, N. Y., on September 20, 1850. At the age of thirteen he went to Poultney, Vt., to learn the drug business, and in this village where Horace Greeley had learned the printer's art, and Jared Sparks worked at the carpenter's bench, he remained until 1870, when he went to Warrensburg, Mo., where for five years he was in the postal service under President Grant. Between 1876 and 1879 he served two terms in the city council as alderman from the third ward. In 1879 he entered the medical department of the University of Michigan at Ann Arbor, graduating in 1881. He was president of his class both years, and on graduating was elected by the Board of Regents to be surgeon and resident physician in charge of the University hospital in which position he served until October, 1884, when he resigned to enter general practice at Monroe, Mich., where he has since resided and enjoys a lucrative practice. In the spring of 1890, he received the nomination for mayor of the city on the Republican ticket, and though his party was largely in the minority, he was elected by 81 majority. He has served as president of the city board of health and school board. Has been for eleven years division surgeon (Detroit-Toledo) M. C. R. R. He believes that every one should have a "hobby"—a rest from professional cares, a balm for that "tired feeling"—and Dr. Heath sees his in the science of numismatics, and he has edited and published *The Numismatist*, a high class representative magazine, devoted to this science during the past eight years, a sample copy of which he will gladly send to any professional brother, who believes in riding a high class hobby as a partial relief for the cares and worries that beset the active practitioner in medicine.

35. Dr. J. J. Lyon, of Zilwankie, Saginaw Co., Mich., was born in Dundee, Scotland, December 28, 1849, and is therefore forty five years of age. He is a graduate of the regular medical department of the University, Ann Arbor, class of '77. After a practice of four years he took a post-graduate course at Rush Medical College. Since then he has also taken a course at the Polyclinic, New York, and three years ago spent the winter in Edinburgh and Glasgow, principally in hospitals and dispensaries. His first four years of practice were in Huron County, but on the death of his preceptor he removed to his present location and former home. The doctor is fond of anything progressive, whether in medicine or other sciences. Perhaps this more so from the fact that whatever he has done or attained has been wholly by his own efforts. He has a good general practice.

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Editorial.

The best Specialist.

The disposition with physicians at the present time is not only toward specialism, but fadism. Apparently it is only history repeating. Several centuries ago Egypt had her specialists in medicine. One physician treated diseases of the liver, another, diseases of the bowels, another, diseases of the kidneys, etc. The field of medicine is so large that it would be almost, if not quite, impossible fot one individual to thoroughly comprehend it all, so that specialists become almost a necessity.

The best specialist is the one, who, in addition to having a complete knowledge in his specialty, has a good knowledge of general medicine. The disposition of the specialist is to magnify his department and say that numerous other diseases are due to disorders that exist in the organs of his specialty, whereas, on the contrary the disease in his special line may frequently be caused by disease or diseases in other parts of the system.

Errors are frequently committed by specialists who are so imbued with the importance of their department, that they try to locate the cause of diseases in it that originate elsewhere. Hhadache may be caused by defective vision, but errors of refraction are not accountable for all of the pains or aches that may exist in the anterior lobes of the cerebrum. A disordered stomach may be the cause of headache, and this abnormal condition of the stomach may be due, by reflex action, to a congested condition of other organs, in women frequently the uterus.

The gynecologist may say that the nausea and irritability of the stomach, in a given case, is due to a pathological condition of the uterus, when in realty it may be the result of congestion at the base of the brain.

In speaking of gynecology, the following paragraph taken from an article in the *Cleveland Medical Gazette* by L. B. Trickerman, M. D. is very apropos:

Those of us who have insisted, on clinical grounds, that the assumption that the genital canal of a pregnant woman is the home of pathogenic bacteria, and must in all cases be subjected to douching, scrubbing, and other processes of disinfection, is a false one, are now sustained by the bacteriological researches of Coenig, who maintains¶ that vaginal injections of antiseptics are dangerous in the ordinary patient; that they may chemically lessen the normal resistance of the tissues to bacteria, and may increase the intensity of septic endometritis by washing bacteria into the uterine cavity. The normal vaginal secretion in pregnant women being decidedly acid, and in pathological conditions the acidity being increased, thrush and the gonococcus germs are the only pathogenic bacteria that can survive therein. He was wholly unable to obtain cultures of the streptococcus pyogenes in the vaginal secretions of pregnant women. He therefore considers the vagina of every untouched pregnant woman, aseptic.

* * * *

Can the dead reproduce themselves?

At the present time there are a number of physicians who are promulgating the idea that consumption is an infectious disease. An infectious disease is one that is contagious, that is capable of being transmitted from one person to another either by contact, or by being transmitted through the medium of the atmosphere.

No intelligent and educated physician who has given this subject clinical study believes that consumption is contagious by contact. If this disease was contagious by contact, the human race would have been extinct long before the present time.

There are physicians who say that it is contagious through the medium of the atmosphere. They say that the sputum of consumptives is full of bacilli, and as they expectorate on the street they sow the seeds of the disease. The sun and atmosphere dry this expectoration and by being trod upon, or in some manner it is reduced to dust and the wind carries it into the atmosphere. It is then inhaled by the inhabitants in that locality and as a

result they probably have consumption. If this statement is true then there is practically no escape from the disease, for, unless it is a new house, there is scarcely a building in the civilized world but what has had one or more persons afflicted with consumption in it, either as a visitor or a resident. The same is true of all conveyances, either public or private, so it matters not whether you ride in the railway cars, street cars, hacks or private carriages the bacilli are in all of them. Then if these bacilli are the cause of consumption and the disease is contagious or infectious, why is it that you and I do not have the disease? This is a hard question to answer from the infectious or contagious idea of the disease, but it is easily answered by saying that it is not an infectious disease and that it is not transmitted by the atmosphere.

A person, with the system in a normal condition, can inhale these dried microbes with immunity without reference to number. All of the signs of the first and some of the second stage of the disease, with purulent expectoration, must exist before the bacilli make their appearance in the sputum.

We stated that consumption was not infectious and that this disease is not transmitted through the atmosphere. What proof have we for making this statement? Remember that for the disease to be transmitted through the atmosphere the sputum must become thoroughly dried so that the wind can waft the dried and light bacilli through the atmosphere. Than the air, laden with these microbes, is inhaled and they are carried into the lungs and are then the cause of the disease.

The Bromptom hospital for consumptives, London, England, has been in existence for about eighty years. If the germ theory is true, then all will admit that the atmosphere of that institution has been saturated with them for years. No person can be in this institution without inhaling them, yet it is the history of that institution, promulgated through its own records, that in its entire history, from its foundation to the present time, that there has not been a single case of consumption in any of the physicians. nurses, attendants, or laborers connected with the institution. A history of this kind is entirely and irreconcilably incompatible with an infectious or contagious disease. It

requires no argument, a fact is a fact and when that is estab lished no farther proof is required. However, we will furnish another instance. The question of the effect of air and sunlight upon the bncilli was discussed at the Berlin Medical Congress. Professor Koch stated that sunlight would kill the bacilli in from a few minutes to a few hours. If the sputum was in a thick bunch, it would take longer, but as soon as it had become thoroughly dried the bacilli were dead. The action of the atmosphere had the same effect even in the absence of direct sunlight. In either case, as soon as the sputum had become thoroughly dried the bacilli would be dead.

This explains why consumption cannot rationally be considered an infectious disease capable of transmission through the atmosphere even by bacteriologists themselves.

It is the natural supposition that Dr. Koch knows more about the bacilli than any other man living, and when he tells us that when the sunlight or air has acted on the sputum to thoroughly dry it, that this action of drying out the moist element from the sputum kills the bacilli, we have no right to deny it, but accept it as absolutely true.

As the sputum must be thoroughly dried before it can be pulverized and reduced to a fine powder before it can float in the atmosphere, it carries the inactive and dead bacilli. Until it is proven that the dead can reproduce themselves, it will be difficult to believe that consumption is infectious.

* * * *

Dr. Koch at Father Kneipp's.

It is a well known fact that when a person becomes intensely interested in some special line of study or experimentation that the hours of work are increased. After a while the experimenter becomes so imbued with his subject, that he neglects to take proper care of his physical condition until he is suddenly reminded of it by night sweats and general debility. In some of the instances of this kind the general reduction has gradually extended and all of the symptoms of consumption well developed before the victim was aware of its presence.

It is stated that Dr. Koch, the eminent German bacteriologist has so far declined in health, by his close confinement at his

laboratory work, that he has placed himself under the care of Father Kneipps, whose water-cures have caused considerable comment.

* * * *

Nature. It is generally conceeded that the most successful physicians are those who have been and are now, not only close students of nature, but are governed by her methods. Nature in her own laboratory does not make many mistakes. The various species in the vegetable kingdom produce their own kind. An apple tree does not bear any other kind of fruit, and the peach tree brings forth fruit after its kind. We do not find any thing like a peach stone in the apple nor do we find a number of small seeds in the peach.

The animal kingdom is subject to diseases the same as the human, but not to the same extent, for they do not violate the natural laws that govern their existence like intelligent man does.

If an animal is sick it frequently knows by the instinctive intelligence that it possesses what remedy to use. For certain diseases they hunt for some special plant, grass or herb and eat it. If wounded and the sore is located so that they can get at it, they keep it moist with salva by licking it. This not only keeps it clean by removing purulent products but the salva acts as a disinfectant with healing properties. Dogs with sore eyes have been known to keep themselves in a dark place until the active inflammation had subsided. They realize that the light was an irritant and it should be excluded.

Earth is a disinfectant and can destroy many noxious and mephitic products.

This element of earth has been recognized for centuries and the placing of the dead body under ground is the result. It did not require any aid from the scientists to inform the early settlers of the world that the dead body should be buried in the ground. This was one of the innate or natural instincts with which man was and is endowed. All that is necessary is for the body to be buried deep enough so that the layer of the earth over it will be sufficient to change or destroy the mephitic elements of decomposition before they reach the atmosphere.

Some forms of earth have been used as a dressing for chronic ulcers. A thick poultice made with hot water and red clay will frequently remove chilblain or kibe when other remedies have failed. The poultices can be applied at night and allowed to remain until morning.

The past winter has been prolific of frosted ears, fingers and feet. In these cases the advent of warm water will develop an annoying irritation and itching in the parts. Then there will be a good opportunity to test the efficacy of the remedy. Three or four applications remaining on the parts all night are generally all that is necessary.

Running water is a great disinfectant. If this was not true, then our rivers, upon which large cities are located would be polluted so that the water would not be fit to drink. As it is the putrid elements from the sewers are removed after being carried a few miles. The distance depends upon the amount of pollution and the character of the stream and the amount of water that it contains. The more the water is agitated the sooner will purification take place.

Light is another one of natures great disinfectants. Sunlight will destroy any of the products of putrefaction or decomposition by the influence of the coloric rays, and as soon as the moisture has been eliminated from the body then the electric rays will destroy all of the micro-organisms or any other form of life that was produced as the result of decomposition. If this was not true then in certain localities the air would be saturated with the ptomaines and mephitic gases of putrification, and animal life would be impossible in that locality.

In this connection it is interesting to note that Dr. Palermo, of Naples, in making experiments found that the micro-organisms known as the coma bacillis, or Koch's cholera bacilli, those microbes that are credited as being the cause of cholera, if exposed to the sun's rays for three or four hours are rendered inert and perfectly harmless. Ii is also known that Koch himself stated that the sun's rays or the air itself would destroy the tuberculosis bacilli. From the above it is evident that through the influence of the sun, not only the products of putrefaction and decomposition, but of various diseases also are either destroyed outright or else rendered inert.

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[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

Run to Cover.

Ernest Hart, as every body knows, has been the editor of the great *British Medical Journal*. Ernest Hart, as people are finding out, is a great knave and liar. A year ago when this scalawag appeared by invitation in this country he disgusted even his entertainers by the consequential airs he assumed. We have not very much sympathy for them as their motives in bringing him were questionable, and they had no business to lay themselves open to his insults. To illustrate just what sort of a white elephant these gentlemen found they had on their hands: To their consternation, among other items, he demanded a special private car to convey him from New York to Milwaukee, where he was to administer the second public flogging to the Medical Profession of America. He did not get it, we are glad to say. Ernest Hart was invited to this country by the sticklers for the old Code of Medical Ethics to whip into line the doctors who were chafing against its restraints, evincing a spirit of independence. As a bull-dozer Ernest Hart is strong. He abused and insulted us in every way he could. He made no exceptions. He spanked us. He wofully failed of his object however. He probably has done more to break down the Code of Ethics than any one else. For this good work he deserves no thanks. While he was enjoining upon us the beauties of a modest retired existence, extoling the rewards sure to come of themselves to the deserving, and denouncing with all his might the "push" beginning to manifest itself in our midst, he was as busy as a bee in spreading his own name and fame in all directions, and slandering and belittling

his fellows, especially the great Lawson Tait. His visit, taking it all in all, was as bold a piece of blatant effrontery and ill-disguised hypocrisy as was ever imposed upon the American people, by even a Britisher eaten up of his own conceit.

The editor of this JOURNAL is not a prophet or the son of a prophet, but at the time of Ernest Hart's visit here, we editorially stated that our self-appointed English mentor was a fraud, a hypocrite and a mountebank, and that the time would come when his duplicity and double-dealing would be known and read of all men. That time is already at hand. The circumstances leading to the exposure are detailed in the following absorbingly interesting account, for which we are indebted to the *Courrier Record of Medicine:*

LONDON, Feb. 4.—The members of the British Medical Association, an organization to which all regular practitioners are attached, received to-day an extraordinary communication from the hands of Dr. Lawson Tait, of Birmingham, who is perhaps the most eminent surgeon in this country. The pamphlet makes public property of a personal scandal which will cause the greatest sensation that has agitated the English medical profession.

The story is told, for the most part, in letters that have passed between Dr. Tait and Dr. E. W. Cushing, of Boston, the editor of the *Boston Medical and Surgical Journal.* Last summer this paragraph appeared in that journal:

"In the light of facts recently placed on evidence concerning Tait, his statistics have far less weight with the surgical world than was the case a year or two ago."

Dr. Tait at once wrote to Dr. Cushing:

"Would you be kind enough to inform me what these facts are, where they are placed on evidence, and the authority, for I am wholly unacquainted with anything which justifies such a conclusion; and it is not only as a matter personal to myself, but which is of far more importance, to the progress of surgery, that I should know what your assertion is based upon."

To this letter Dr. Cushing replied under date of Sept. 26 last:

"My information was received directly and as a matter of fact of general knowledge, from a person very prominent in medical circles, in England, who would presumably know what he was talking about, and tell the truth as to what he mentioned as a matter proved in court and within his own knowledge; if what he said was true, I submit that my expression was perfectly justifiable, and my reference to the matter warranted, as it was not mentioned to me in confidence, nor under any reserve whatever. I presume that as a philosopher you will agree that when a man publishes

statistics, remarkable in themselves and with results far superior to those obtainable by others, their acceptance by the profession depends on their belief in the veracity of the author, and anything which diminishes his reputation for integrity causes his statistics to have 'less weight with the surgical world.' The alleged facts as related to me are briefly as follows:

"That you were accused by a woman who had formerly been one of your nurses of having seduced her, and of becoming the father of her illegitimate child, under the promise of supporting her and any child which might result from this liaison · that a child having been born, you, after a time, refused to support it, and were sued by her; that the case came into court, and that you evaded the support of the child under some legal defence, being compelled, however, to admit that it was your child; that these facts being 'placed in evidence' you lost your professorship and your public hospital services and the most of your consultation practice; that the gravamen of this charge was not so much that in a moment of weakness you had been immoral, so that with deliberation you had refused to support your own legitimate child after having agreed to do so.

"It is not necessary for me to mention here various other matters which were related to me which were not very creditable to you, but not having come into court would hardly have justified the expression which I used of having been 'placed in evidence concerning Tait;' nevertheless, as they were told to me, they were apparently susceptible of demonstration, unless my informant was intentionally deceiviug me.

"I would be willing to rest the whole statement which I made on the case above mentioned, which is said to have come in court and to have been acted on officially and unofficially by the profession in England. If I was deceived I owe you an apology, and you may be assured that you will receive it in as public a manner as that in which the aspersion on your reputation was given. In that case my informant will have to take the whole responsibility for what he told me. In order to elucidate the question, I beg of you to send me an account of the suit above referred to and the newspapers in which it was published, if it ever came into the newspapers."

Dr. Tait replied to this communication, under date of Oct. 9, as follows:

"I cannot but admire the frank and complete disclosure of your position, nor can I refrain from sympathizing with the unfortunate predicament in which you have been placed. But I cannot see, even if the story against me as you narrate it were true from beginning to end, what that can have to do with the trustworthiness of my statistics, published as they were and never controverted. nor can I see any justification for your going out of your way to drag in an allusion to incidents of a wholly irrelevant kind. However, these are two points you may be able to explain.

"As to the story, it is a lie, or rather a tissue of lies, from beginning to end. Two women, sisters, entered into a scheme to blackmail me; one a nurse dismissed for insubordination, and one on whom I had done ovari-

otomy, and they laid claim to £16,000 as hush money. They never got a stiver of that money, and the case never came to trial for the reason that you will see in the published account of it which I enclose. The case never came to trial, never a scrap of information appeared in the public press, much to my discomfort, but the plaintiff's story was spread abroad as a means of coercing me to pay hush money, and chiefly by members of my own profession residing in London. I stood firm to fight, as, unfortunately, too few men placed as I was, do. The plaintiffs traded on the belief that a man in my position and as rich as I was would pay up rather have my name tarnished. But I would have spent my last shilling, and my wife would have sold her wedding ring, before I would have been bled in such a way. The case collapsed after nearly two years of legal dodging, and I never had an opportunity of proving the utter falseness of the charges made against me. Your informant may not have known this.

"During the weary progress of the case I became the victim of a stone in the kidney, and I was laid off work six months, and this gave color to the story of my leaving my practice. I enclose for your perusal a copy of the report for the year 1892 (published late in 1893) which will show you how untrue the statement is about my hospital position. No body of governors would have placed on the more honorable consulting staff a man of whom such a story as yours had been either proved or accepted. I gave up my professorship because, as I said in my letter of resignation, I never asked for it—I did not want it—and I never valued it. I was sick of it, and a year before I resigned I had asked in vain to be relieved of it, and I did not lecture most of the session, my assistant taking my place.

"Finally, I enclose a photographed copy of a complete withdrawal of the charges, signed by the woman who made them, and witnessed by her attorney. Probably this is enough to convince you; if not, a great deal more remains behind.

"You offer any apology, and reparation as is possible. I think as a man of honor you will do this, and make as much reparation as lies in your power. But as a matter of right, I demand the name of my traducer, upon whom I shall inflict what correction his position may justify—that of friendly remonstrance in one case, that of vindictive prosecution in another."

The enclosures which Dr. Tait sent with the above letter included documentary proofs of the falsity of the charges against him and the following letter of retraction from the woman who had accused him:

"I unreservedly withdraw all statements at any time made by me or on my behalf that you ever assaulted me or took advantage of me in any way while I was under the influence of liquor or under any other circumstances. And I also unreservedly withdraw all other charges, imputations, and reflections at any time made by me against you.

CAROLINE S. P. BURNELL."

"(Witness) Alfred H. Arnold, D. C. L., June 28, 1893."

Following is an extract from the reply to Dr. Tait's last letter written by Dr. Cashing on Oct. 22, last:

"Your favor of the 9th inst. came to hand day before yesterday, and to say that I was surprised at the contents of the letter and the enclosure is putting it very mildly. Accepting your explanation as full, true, and without equivocation, as I evidently must and ought to do, it is clear that my worthy informant has lied to me most damnably and maliciously about you, and that you can settle with him. But he has, moreover, made a fool of me and led me into a false position, and that he has to settle with me. * * * *

"The first reparation which I can make is to comply with your request and legitimate demand for the name of my informant, and although I foresee much unpleasantness for all parties concerned, I cannot as a gentleman decline to give it, especially as I have no wish to personally assume any responsibility for or to give any personal support to the allegations against you. My informant was then Dr. Ernest Hart, editor of the *British Medical Journal*, and great instructor of the American profession in all matters of ethics and medical proprieties. He told me the above alleged facts and various other things to your discredit when we were traveling together in the excursion of the Pan-American Medical Congress from Washington to Chicago a little over a year ago. There was no reserve or request that the facts should not be repeated. I had every reason to believe that Dr. Hart knew what he was talking about, and it never entered into my mind that he was not telling the truth. Now, there is no mistake about this conversation. Any one who knows me knows that if I am strong on anything it is memory and ability to report accurately what I have heard.

"As to what further reparation I can make to you I shall wait until I hear from you. You are at liberty to use my statements any way you please. What I have said herein I hold to. If you wish me to publish this correspondence I will do so and send a copy of each to whatever list of names you desire. If you wish for my testimony in a suit at law, I will acknowledge your legal demand for it, although I am out of the jurisdiction of your courts. I will give you my affidavit in the presence and subject to the interrogation of counsel for the other side in the usual manner. In fact I am utterly impartial in the matter. My only desire is to repair any injury which I may have done you unintentionally; to see that, on the other hand, I do not do any injury to Dr. Hart. I request and require that if you take any action against him he be put in possession of full copies of our correspondence. Then let the matter be ventilated as much as you desire; it will make an awful smash in the medical world, and I shall probably be abused and blamed by both parties, but I have done the best I could, and, like a better man in a greater smash of a mightier world:

"*Si fractus illabatur orbis, impavidum ferient ruinae.*"

In Dr. Tait's reply to this letter he said:

"You may publish such retraction or apology in the *Boston Journal* and elsewhere as you think fit, and for the present that will be all I shall require of you. In the event of legal proceedings being necessary, you will of course hear from me further."

Dr. Tait having failed to elicit any statement of any kind from Dr. Hart prior to the departure of that gentleman from India, has now placed the whole matter before the members of the British Medical Association.

* * * *

A New Boycott.

It is a matter worthy of notice that the small-pox pest-house in Cincinnati is at this writing occupied by about forty victims of that terrible malady. Very recently a number of the City Hospital trustees were strenuously urging that all the consumptives confined in that great institution should be relegated to this same small-pox pest-house, and it was due to no lack of effort on their part that this outrage was not committed. It may be remarked passing in that the pest-house now offers a splendid opportunity for that member of the local profession who is ambitious to be the first National Health Commissioner to acquire a practical knowledge of small-pox, with which he will surely have to deal in the event of his being called to the position. This suggestion is pertinent in view of the fact that he has demonstrated that he knows very little about it. The instance is fresh in mind when he pronounced a severe case of small-pox, purpura hemorrhegica, and the terrible, fatal results of his egregious blundering.

Apropos of the same general subject we notice that the question of the contagiousness of consumption and other diseases is being widely discussed in the newspapers throughout the country, and much feeling is naturally beginning to find voice against those who unqualifiedly proclaim that all sufferers from consumption are a source of terrible danger to all with whom they come in contact. This feeling is assuming a very practical form in some quarters, where now the consumptives, their families and friends are organizing for self-protection against the contagion theorists. One of their most significant by-laws is to the effect that they will not employ in any capacity a physician who holds views that if carried out would condemn them to a life of isolation, no better than that of the lepers in the East, or one who, in short, upholds the contagion theory.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

HAMDEN, Ohio, has been visited by malignant diphtheria commonly known as "black diphtheria."

DR. H. L. N. DUBOIS U S. S., is dead at the Kittry Navy-yard, from apoplexy, aged fifty-seven years.

DR. F. DAMOUR, of Bolchow, Mo., has favored us this month with original matter for our Humor Department.

DR. F. J. DICKERSON, one of the pioneer physicians, died at Richmond, Ky., March 8th, of general debility.

WE are indebted to Dr. Geo. F. Heath for a pleasant letter, and substantial proof of his approval of our work.

DR. W. S. SPENCE, of Gennono, Ohio, has our public thanks for substantial proof of his appreciation of the JOURNAL.

DR. SAMUEL MILLS, of Baltimore, is mentioned in connection with the sensatoinal Chappell divorce suit now pending in that city.

DR. L. C. LAYCOCK, of Alexandria, Ohio, is one of our old friends. He already has a good practice in his new location.

DR. E. A. IGOE, a prominent citizen of Rising sun, died March 15th. He was a cousin of Dr. S. E. Harryman, of Lawrenceburg.

IN Oxford, Ohio, DR. W. S. ALEXANDER has recently purchased the residence of Dr. H. D. Hinckley, on the corner of College avenue and Church street.

DR. GEORGE W. TANGEMAN dined the ophthalmological class of the Ohio Medical College on the 18th ult.

IN a recent wreck on the Vandalia at Coalsville, Ind., Dr. H. J. Talbott, of Indianapolis, was very seriously injured.

HIRSCH says that the application of fuming nitric acid to a felon will produce entire relief at almost any stage.

THE plague is reported to have broken out at Amoy, China, where the average number of deaths is fifteen daily.

THE widely-known English alienist Dr. Daniel Hack Tuke, died in London, March 6th, in his sixty-eighth year.

DR. J. F. JELKS has assumed editorial charge of the *Hot Springs Medical Journal* of Hot Springs, Arkansas.

DR. T. C. V. BARKLEY, an eminent physician and surgeon, was found dead in bed in Chattanooga, from congestion of the heart, March 21st.

DR. JOHN J. KYLE is visiting his relatives in Aurora, Ind., previous to going to England, where he will take a course of instruction.

AT the annual meeting of the Obstetrical Society of Cincinnati the following officers were elected: President, Dr. A. W. Johnstone; Vice President, Dr. Sigmar Stark; Secretary, Dr. E. S. McKee; Corresponding Secretary, Dr. W. D. Porter; Treasurer, Dr. George E. Jones.

J. L. KIRBY the prosperous doctor of Laurelville, Ohio, sends us an appreciative letter and joins us for 1895. Thank you, Dr. Kirby.

We wish publicly to express our thanks to the *Eclectic Medical Journal* for complimentary mention in their March issue. Praise from such a source is praise indeed.

DR. A. EDDMON of Tontogany, Ohio, was arrested March 7th on a charge of implication in the murder of Mrs. Peter Peaney of that place. The case is very sensatianal.

THE medical profession was represented at the famous Gould—De Castellane wedding which took place in New York, March 4th, by Dr. and Mrs. Jno. P. Munn and Dr. and Mrs. Geo. F. Shrady.

DR. MATTHEW D. FIELD died in New York, March 8th. He was recognized in the medical world as one of the best authorities on insanity. Heart failure was the cause of his taking off.

DR. RULE, hospital surgeon for the Gould Railway system, has been in Hot Springs having been detailed to investigate the small-pox. March 15th, he said the disease was on the decline.

No handsomer medical periodical comes to us than the Louisville *Medical Monthly*, nor one with an abler corps of colabrator's. The advertising department of the *Monthly* is now in the able hands of Mr. C. C. Mapes.

DR. W. G. HARRISON, of Sodus, Mich., sends in his subscription for the current year. He says "I am very much pleased with the JOURNAL." Dr. Harrison is well known in Ky., Ind., and Mich., where he has an extensive practice.

THE Royal College of Physicians of London have given a prize of $12,500 to Dr. H. Weber for his essay on the prevention of consumption.

TO DISGUISE THE TASTE OF MEDICINE.—It is said that a bit of lemon peel chewed just before a nauseous dose of medicine is taken will dispel the taste of the dose.

WE have recently received a pleasant letter from Dr. Phillip Wolff. He says the JOURNAL is "first-class," and gives us the best proof of his sincerity. Thanks, Dr. Wolff.

WHERE an offensive smell from fresh paint is present in a room it will be removed by placing a bucket of water with some hay in it and letting it remain in the room over night.

DR. JUSTE LOUIS FLORENT CALMELL died at Paris, Friday, March 15th. He was born on April 9, 1798. He was a specialist in diseases of the nervous system, upon which he wrote many works.

THE Czar of Russia has received four huge volumes containg 12,000 extracts from American Journals, relating to the illness and death of his father, and his own marriage.

THE Southern Illinois Insane Hospital was recently destroyed by fire. There were 500 patients in the institution at the time but all were rescued. The loss is about $350,000.

FREDERICK STEARNS & Co., of Detroit, Mich., have established a $600 fellowship for two years in the University of Michigan at Ann Arbor in the Department of Pharmacy. This is a splendid move and we hope to see the idea taken up and followed in some of the universities of Ohio.

ROBERT B. MOWREY, M. D. died of paralysis at his residence in Alleghaney, Pa., March 14th. Dr. Mowrey was probably the oldest and one of the best known physicians in Western Pennsylvania.

ROBT. N. MORRIS, M. D., recently of Constantine, Mich., is now located at Chicago. He gives special attention to surgical diseases of women and children. He has made for himself an enviable reputation in his specialties.

LLOETINATE OF BISMUTH.—This compound is used as an astringent and antiseptic in the treatment of syphilitic ulcers, chancers and buboes. It is also prescribed as a preventive of diarrhœa.—*Rundschau.*

QUARANTINABLE DISEASAS.—According te the Inter-State quarantine regulations recently issued by the Treasury department. the quarantinable diseases are declared to be cholera, yellow fever, smallpox, typhus fever, leprosy. and the plague.

THE trustees of the Betts Street Hospital, of Cincinnati, have purchased the old Kaufman farm. just west of Hartwell. On this a handsome brick hospital building will be erected at a cost of $75,000. The farm comprises thirty-five acres, and is one of the best pieces of land in the Millcreek Valley.

AT last the Cincinnati Hospital has an interne which is from neither the Ohio or Miami Medical College. At the recent examination Miss McCarty, of Pennsylvania, and a student of the Women's Medical College passed the examination with flying colors and commenced her service on April 1st. There were two young ladies who aspired to an internship but Miss McCarty was the only fortunate one.

DR. P. M. ALBAUGH, of Troy, O., died recently in Dayton, O., where he had lately established an office. The Doctor graduated at the Cincinnati College of Medicine last Spring.

The Colorado Climatologist is the title of a new journal which has lately appeared in Denver, Col. Dr. Chas. Manly is the Editorial and Business Manager together with quite a list of co-editors.

TO CONTROL VOMITING.—One drop of tincture of aconite root in water will often control vomiting; if the vomiting be accompanied by much nervous excitement the addition of small quantities of belladonna will accelerate the action of the dose.

IN the March 16th issue of the *New York Medical Journal*, Dr. V. H. Moore, one of the best known of Canadian surgeons, reports two cases of severe post-partum hemorrhage treated successfully by Dr. R. H. M. Darbarn's method of saline arterial infusion.

PAGE of Boston claims to have obtained the best results from the administration of a teaspoonful of hot water for the relief of a cough. It is to be given whenever the paroxysm comes on.

INDIANAPOLIS, IND., has just passed through an epidemic of measles. Forty to fifty cases a day were reported for some time and the Health authorities say that only about one case out of six is made known.

THE Perry County Board of Pension Examiners have recently examined a girl aged seven years, living at Zanesville, O., and pronounced her a leper. Her toes and fingers are said to have dropped off and one of her wrists is nearly gone.

TYPHOID FEVET AND SEWER GAS.—Typhoid fever cannot be transmitted by sewer gas, is the report of the experts to the London Common Council. It is also claimed that the bacilli of the disease, also, find it hard to live in town sewage —*Med. Record.*

THE Walker Pharmical Co. whose advertisement appears for the first time in this issue of the JOURNAL writes us as follows: "We have always admired the CINCINNATI MEDICAL JOURNAL and think it one of the brightest and newsiest journals published."

ICHTHYOL.—This agent is recommended as a gargle in acute pharyngitis. In the treatment of *acute coryza*, good and speedy results may be achieved by spraying the nose with a mixture of one part of ichthyol, and one hundred parts each of ether and alcohol. One application only is said to be necessary.

AMONG the passengers on the ill-fated steamer Longfellow that sunk in the Ohio river at Cincinnati March 8th, were Dr. Mary Armstrong and her patient the rich Miss Harrington both of Jamestown, New York. They were enroute to New Orleans for the sake of recreation and wealth. Both escaped without physical injury.

DR. OTTO VON MUELLER, who was a practicing physician at Benton Harbor, Negaunee and Calumet, Mich., is in jail at Cracow, Austria, on the charge of murdering his wife in Austria previous to his sudden departure for America in 1877. There were rumors of another wife murder in this country.

AGAINST THE "CHRISTIAN SCIENTISTS."—Followtng is the full text of the measure now before the New Hampshire legislature to govern and regulate fraudulent medical practice and the so-called Christian science or faith cures:

SECTION 1.—No person within the limits of this state shall treat, attempt to heal or cure any other person or persons by the so-called Christian science or faith cures.

SEC. 2.—If any person shall treat, attempt to heal or cure, or claim or pretend to heel or cure any other person or persons by either of said methods, and shall directly or indirectly accept or receive any money or other thing in payment for on account of such services, or directly or indirectly accept or receive any money or other thing in payment for on account of such other vices, or directly or indirectly accept or receive any gift or reward therefore in any form, such person so offending against the provisions of this act by so accepting or receiving such money, gift, reward, or other thing, shall be fined a sum not exceeding three hundred dollars ($300) for each and every offense, and half of such amount to be given to the complainant, and the other half to the state.

SEC. 3. This act shall take effect upon its passage.

THE KOLA NUTS OF CONGO.—It is well known that the natives of the Congo district use kola nuts largely against muscular fatigue. According to Porkin, who has been observing the matter for some time with care, the blacks only use the germinated nuts. When they gather the nuts, they lay them in a corner of their huts, which is kept moist. After three or four weeks, the nuts commence to germinate. They believe that the germinated fruit is much stronger than the others. Whether germination causes any increase in the active principle or not is not known. but the question is certainly worth the trouble of an investigation.—*Gazette Medicale de Liege.*

DR. J. P. FRANCISCO, of Upper Sandusky, Ohio, has been receiving some rather unpleasant newspaper notoriety of late. Last accounts allege that he is missing and that the enraged father of a half-witted 14 year old girl is hunting him with a shot-gun.

THE Hygiene Sanitarium, at Kalamazoo, Mich., owned by a stock company, of which Dr. C. A. Fletcher is president and chief owner, caught fire from a defective flue, and was completely destroyed March 15th. The patients were all removed. Loss, $8,000; insurance about $4.000.

INCENDIARIES during the evening of March 15th. set fire to the Contagious Disease Hospital of the county infirmary, Summit Co., O. The building had but recently been constructed, and was totally destroyed. The inmates of the infirmary kept the flames from spreading to the main building.

REMEDY FOR BALDNESS.—Ten parts of crude cod liver oil, 10 parts of juice of onions, and five parts of mucilage of the yolk of an egg. The mixture should be thoroughly shaken and applied once a week. The above is said to be a remedy for baldness.—*American Druggist.*

JOHN R. JONES, M. D., one of our new recruits, has a large practice in Leesville, Mich. The practice of medicine is a favorite vocation in Dr. Jones' family. He writes us: Three of my maternal uncles were surgeons in the English Army. My mother's father who was a church of England Minister, was also a student of medicine. I have one brother, a veterinary surgeon in Ireland, a sister married to a M. D. In Michigan, and a younger brother, one of the medical staff of the Western Infirmary of Glascow, Scotland.

MRS. SHEA, of St. Cloud, Minn., died March 7th. She was one of the heirs of the late Luther Bryant, the Biddeford. Me. millionaire, and it is presumed that her death was due to the excitement and nervous shock occasioned by the sudden coming into possession of wealth. One of her sisters, who resides here, is ill from that cause.

IN Cleveland, Ohio a verdict for $9,000 was rendered against Dr. Adam Oehohoff March 8th, for malpractice. It was claimed that Dr. Oelhoff treated a patient for rheumatism when she in fact had hip joint disease. As a result of the maltreatment the patient is a cripple for life.

MARCH 8th the mayor of Hot Springs issued a proclamation ordering all persons to be vaccinated. The epidemic of small-pox prevailing at that great health resort at this season is a tremendous financial loss to the doctors residing there.

The boom given the plrce by the recent enthusiasm meeting there of the Mississippi Valley Medical Association is for the moment paralyzed. Fortunately the reputation of Hot Springs as a sanitarium is too well established to be permanently injured.

EVSLEY RUSSELL, made a confession to the officers at Nashville, Tenn. March 5th, that he is guilty of the murder of Dr Hugh Waters. He alleges that he met Dr. Waters in the road. Waters was on horseback, and he rode a bicycle. They quarreled over an old business dispute. Waters advanced on him with an open knife, when he drew his pistol and fired. The belief is that Russell assassinated Waters out of pure malice, and in cold blood, because of an old feud between Waters and Russell's father.

PROBABLE cause was found in the police court at Bridgeport, Conn., March 9, against Dr. R. F. Hitchcock, who was arrested, charged with the murder of Mrs. Emma J. Seibert, who died a few days previously. The accused was bound over to appear for trial before the Superior court. His bonds were continued at $6,000. This amount of surety was furnished and he was released.

IN a small rocky cavern on lands owned by Dr. Terril, ten miles from Cleves, O., Boone county, Ky., sitting upright, have been discovered four petrified human beings of a prehistoric race.

The bodies are small in stature, dark, and in features and general contour much like the mummies taken from the crypts of the pyramids of Egypt. They were partly wrapped in bandages of a material resembling cloth. For years it has been known that an antedilavian burying ground existed on the Terril farm; and from time to time bodies similar to these have been exhumed. Many of the farmers' wives in this vicinity, ignorant of the historic value of these specimens, have used them to ornament flower beds and garden plots. Dr. Sutton, of Aurora, had one on exhibition in his window. Doctors and curiosity hunters from Lawrenceburg, Aurora, Cincinnati and other places have visited the farm and searched its wilds for more of these strange relics.

DR. DUNCAN MCLEOD, health officer of Detroit under the health boaod, recently legislated out of existence by the Mich. State Legislature, was forcibly removed from the health building March 5th, by the new board appointed by Governor Rich. McLeod and the old board refused to surrender possession of the building. In his temporary absence the new board, accompanied by a squad of police, descended on the building and took complete possession. When Dr. McLeod returned he showed fight, and finally had to be thrown bodily from the structure by the police. The latter had come prepared to storm the building, bringing crowbars and jimmies to break in the doors. Dr. McLeod will now sue for personal damages.

DIXI CROSBY, M. D., has been adjudged insane. He was graduated from Dartmouth Medical Oollege about five years ago, and until recently had been a practicing in Exeter, N. H. Dr. Crosby is a son of the late Professor Alpheus Crosby of Department College and grandson of the well-known Dixi Crosby.

DR. WILLIAM THOMSON, a brother of Frank Thomson, first vice-president of the Pennsylvania Railroad Company, has been selected to fill the new chair of opthalmology in Jefferson Medical College, Philadelphia. Dr. Thomson has an interesting war record. At the battle of South Mountain he was left in sole charge of the field, and found food, shelter, transportation and surgicnl aid for 2,500 wounded men, burying both the Union and Confederate dead. For this he was complimented by President Lincoln. After the battle of Antietam he was instrumental in bringing about several important reforms in the medical field service. In 1863 he was put in charge of the Douglas hospital in Washington. In 1864 he was chosen medical inspector of the department of Washington, where he remained 'till the close of the war. Dr. Thomson has a wide reputation as a lecturer and writer on medicai topics, and he is the inventor of several instruments used in the treatment of the eye.

DR. WILLARD H. STOWE died at his home in Palmer, Mass., March 15, aged fifty. He was born in Morrisville, Vt., where he attended school. He graduated from Bellevue Hospital College, and commenced his medical practice in Gilbertville, where he remained six years, and thence removed to Palmer.

THE following, a portion of a letter recently received from Dr. A. S. May, Mt. Blanchard, Ohio, is published more an account of the appreciation manifested for the writings for our friend and contributor Dr. Ben H. Brodnax, than for the hearty endorsement of the JOURNAL. The writer says: "Your JOURNAL is practical and common sense, and not 'hide-bound' by professional tom-foolery. The original articles of Dr. Brodnax, alone, are worth the price of the JOURNAL.

Wishing you success, I am
Yours truly.
A. S. DAY, M. D.

DRS. GALBRAITH and Leslie, of Chillicothe, O., removed a cystic tumor from Mrs. Jacob Allgeyer, which is said to be the largest ever taken from a numan being. It weighed 154 pounds, and the water it contained filled two washtubs. The sac, which contained the water or virus, filled a large water bucket. The operation was successful, and the surgeons say the woman will probably recover, despite the fact that she is 70 years old. The tumor has been growing for ten years, and assumed such enormous proportions that the abdomen extended forward several feet and bagged almost to the knees.

THE value of antitoxin serum in the treatment of diphtheria is one of the principal subjects set down for discussion at the German Medical Congress to be held at Munich from April 2d to April 5th. The subject will be introduced by Professor Heubner, of Berlin, and Professor A. Baginsky, of Berlin, will read a paper on the subsidiary effects of the serum. The other subjects selected for special discussion are the therapeutics of iron, to be introduced by Professors Quincke, of Kiel, and Bunge, of Basel; and the pathology and treatment of typhlitis, to be introduced by Professors Sahli, of Bern, and Helferich, of Greifswalde. An exhibition of apparatus, instruments, and preparations will be held during the Congress.—*Med. Record.*

QUITE recently the enterprising end of the medical profession of Cleveland, Ohio, pumped a pint of antitoxine biood out of an old mare, who had been inoculated to perfection, so it is thought. The work had been carried on under the supervision of Dr. Olmacher. The crimson stream was tapped in the presence of Cincinnati's own Dr. B. Merrill Ricketts, who is only second to some others of the same city in the successful operations and "big booms" given in the press. Recently it was St. Louis; now it is Cleveland; it is always Cincinnati. (But to the mare again), Cleveland is the first American producer of antitoxine. She came in first, because "not only did he start with a less diluted fluid in the beginning, but he crowded the injections together more closely than is commonly done." The time covered six weeks, and the product is to be first tried on the susceptible guinea pig. Then later, upon the human, We shall see what we shall see. In this line we see the newspaper reports, in small type and without headlines, of the death of some antitoxine treated patients at the Cincinnati hospital. We opine that the erest of the waves has passed us. The flurry is about over. But then 'There are others.'—*Medical Gleaner.*

THE annual meeting of the Medical Association of the State of Alabama takes place at Mobile, April 16, 19.

The annual meeting of the Medical Society of California convenes at San Francisco, April 16th.

The Medical Association of District of Columbia hold their semi-annual meeting at Washington, beginning April 2d.

Florida State Medical Society meets at Gainesville on April 16.

Other States holding annual sessions in April are Iowa at Creston, April 17th, Mississippi at Jackson, April 10th; Montana at Anaconda; South Carolina at Columbia, April 24th; Tennessee, at Nashville, April 9th; Texas at Dallas, April 24.

JAMES JOHNSON shot Dr. J. S. Bucker at Seeley, Texas, March 20th, using both barrels of a shotgun, killing his victim, and emptied his six-shooter into the lifeless remains. The doctor is said to have caused domestic trouble.

SIR WM. SCOVILLE SAVORY, M. D., an eminent English doctor died March 3d. He was born in 1826; become a member of the College of Surgeons in 1847; won the medical scholarship of the London university in the year following. He was for some years President of the College of Surgeons, surgeon at Christ's Hospital, etc. He was a most popular lecturer. In 1890 he was knighted by the Queen. There is an excellent photograph of him in the *Illustrated London News*, March 9th. He is universally known to have been one of the greatest surgeons of modern times.

THE Relation of the Medical Profession to Temperance Legislation was the title of a paper read by the Hon. Austin Abbott before the Society of Medical Jurisprudence on Monday evening, the 11th ult. The author discussed several propositions which were original with him and of interest, he said, to the public as well as to the two professions of law and medicine, and among others the following:

"The administration of law touching inebriety as a factor in dealing with crime and public order should be under direct medical supervision."

"The correctional dealing with inebriates should be no longer merely punitive, but put under medical charge for the purpose of further scientific investigation."

"The traffic in liquor should be subject to better medical supervision to diminish adulteration and the sale of intoxicants as proprietary medicines."

"The question of license or tax should be considered with a view to the best medical opinion as to the burdens on the public treasury resulting from inebriety through consequent crime, pauperism, etc."

"The education of the community to an intelligent individual self-restraint should be aided by medical instruction systematically provided for by the State, in the common school, and otherwise."—*New York Medical Journal.*

MISS KATE FIELD, editor and owner of *Kate Field's Washington*, of Washington, D. C., a paper devoted to the cause of temperance, stated in a recent speech that the prohibition laws, as enforced in the several States were not promoting the temperance cause, and her advice would be to make a moderate allowance of mild beverages. In her estimation this would help the temperance cause more than prohibition laws. Miss Kate's head is level, and as to mild drinks we recommend Anheuser-Busch Brewing Association's Beer.

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

FOR SALE.—My residence, and practice worth $2,000 per year, for $1,000 spot cash. My location is an inland town, but closely surrounded by three railroads. No opposition. Improvements are strictly first-class in every particular. Surrounding country is well cultivated and densely populated by an industrious class of farmers. Just the place for a young graduate. If you want a bargain at the above price, write for particulars. If not, please don't answer. W. E. GORDON, M. D., Old Ripley, Ill.

(We believe the above to be an exceptional opportunity to buy a good practice at a low figure, and recommend any one looking for a location to correspond with Dr. Gordon. ED.)

WANTED TO BUY.—Second hand Medical books in good order—give author—subject—style of binding—date of publication—condition, and price. Address, DR. NEWLIN, Anderson, Ind.

FOR SALE.—One Paquelin's thermo-cautery complete, new, regular price $25.00, will sell for $9.00

One dis-articulated skeleton, French, best quality, complete, regular price $25.00, will sell for $16.50.

One English stomach pump, finest instrument of the kind, cost $35.00, almost new, will sell for $10.00. Address "G" care the M. A. Spencer Co., Cincinnati.

FOR SALE.—Will sell my practice for $500 if purchaser will take office, fixture, and instruments, at invoice price. All good as new. Office finely equipped for special works of all kinds; will invoice about seven or eight hundred dollars, or would take a lady physician who is full graduate. (Regular) as partner, provided she can furnish half amount of invoice price of equipment. It will take about $500; will take part cash, balance when earned, secured. Address, "MEDICO," Rockhill, S. C.

We have on hand two new safes, secured on an advertising contract, which we will sell very cheap indeed. They are in all particulars A No. 1, new, fire-proof, handsomely finished, marked with your name. Just what we use in our office, and what you need in yours, for the safe keeping of valuable books, papers, notes, mortgages, insurance policies, etc. The smaller is 28x18x18 inches. Our figures on these safes will surprise you. Write for particulars. Address, BUSINESS MANAGER, of this JOURNAL.

WANTED—To buy in Western New York a practice in small city. Can pay as high as five thousand dollars for just what I want. Address, DR. G. S. R., Care MEDICAL JOURNAL.

LATEST NEWS FROM MANUFACTURERS OF PHARMACEUTICAL PREPARATIONS.

AMERICAN MEDICAL ASSOCIATION MEETING, AT BALTIMORE, MAY 7TH TO 10TH, 1895.—The coming meeting of the American Medical Association, to be held in Baltimore, in May, will undoubtedly be very largely attended and promises to be one of the most successful and interesting meetings of recent years. A great many interesting papers will be read and a general good time is already assured.

After adjournment cheap round trip tickets can be procured, from Baltimore to New York and return and members will be accorded the privilege

of a stop-over at Washington and will undoubtedly be given the privilege of taking a steamer at Washington and going down the Potomac river to Old Point Comfort, on the seashore and home via Richmond, Charlottesville. White Sulphur Springs and Cincinnati.

The scenery along the Chesapeake & Ohio Ry. is beautiful at any season of the year, but it is particularly attractive in May, especially in Virginia. All trains are vestibuled throughout, lighted by electricity, carrying dining cars, elegant sleeping cars, and observation cars, and the entire line is operated on the Block Signal System. The Chesapeake & Ohio is essentially a tourist route and is famous for the magnificent scenery through the Blue Ridge and Alleghaney Mountains and the many noted health and pleasure resorts and famous battlefields scattered along the line.

The Chesapeake & Ohio Ry. have made a low rate for the round-trip tickets, and sleeping car reservations. Full information can be obtained by addressing. D. E. HOLMES, G. P. & T. A., C. & O. Ry., 5th and Walnut, Cincinnati, Ohio.

The annual convention of the American Medical Association and Academy of Medicine is to be held in Baltimore, Md., May 4th to 10th, 1895. A few facts for the Disciples of Esculapius to consider.

For the occasion the B. & O. S. W. Ry. will sell tickets from Cincinnati, Ohio, to Baltimore, Md., and return for $21.00

Take the "Royal Blue Flight," leaving Cincinnati at 6:15 p. m. daily with its superb coaches, decorated in the highest style of modern art and *vestibuled throughout*—the chief merit of which is that it effectually prevents telescoping cars in case of collision and the secoud great advantage lies in the fact that the new device entirely overcomes the swaying motion imparted to ordinary trains when rounding curves at high speed. On these trains the traveler finds himself encompassed with all the comforts, conveniences, and even the luxuries of home and the elegancies of the drawing-room cars excel in no few instances the rich paraphernalia of many a private household.

AN OCULAR FEAST.—The grandeur and beauty of the scenery along the line of the Baltimore & Ohio is world-renowned and has gained for this route the sobriquet of "picturesque B. & O."

In no distance of equal length on the continent is there such a variety of mountain, valley, and stream, and nowhere are the surroundings invested with greater historic interest. One has but to repeat the names of Potomac, Shenandoah, Harpers Ferry, and incidents that crowd the pages of the later history of the Republic.

Much of the region traversed by the B. & O. was during the Civil war, the debatable land over which the contending hosts marched and fought, alternately pursuers and pursued. At Harpers Ferry the Old Crica fort from which John Brown bade defiance to Virginia's pride and power, stood in full view from the car window until it was removed to form one of the attractions at the World's Fair. It is at this point the historic river, disdaining impediment, has literally cleft its way through the Blue Ridge mountains, whose rock-ribbed walls rise sheer, for a thousand feet from the waters edge. This is but one picture, the entire line, from Cincnnati to Baltimore, is a living gallery of views that prove a source of present delight to the traveler and becomes a cherished recollection in after years. No other line can offer similar advantages and accommodations *en tour* and fulfill its promises. These facts are known and appreciated by the traveling public, who never tire in recommendsng the B. & O. to those contemplating a trip east. For full particulars regarding the meeting, call on or address, C. H. KOENIG, G. P. A., S. E. Cor. 4th & Vine, or G. B. Warfel, Ass't. Gen'l. Pass. Agent, Central Union Station, Cincinnati, O.